

# Social Work Module

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## Table of Contents

<a href="#"><u>Introduction to Social Work</u></a> .....	1
• Examples of Social Work Practice Settings and Activities	
• Social Work Practice	
<a href="#"><u>History of Social Work Practice in the Field of Developmental Disabilities</u></a> .....	2
<a href="#"><u>Framework for Social Work Practice</u></a> .....	3
• The Ecosystem Perspective	
• The Strengths Perspective	
• The Cultural Competence Perspective	
<a href="#"><u>Clinical Social Work Practice</u></a> .....	4
<a href="#"><u>Assessment Methods and Techniques Used by Social Workers</u></a> .....	4
• The Social Work Interview	
• Intervention / Treatment Plan	
• Principles of Intervention	
• Challenges	
<a href="#"><u>Contributions to an Interdisciplinary Team</u></a> .....	7
<a href="#"><u>Training and Certification</u></a> .....	7
<a href="#"><u>Case Studies</u></a> .....	8
<a href="#"><u>Resources</u></a> .....	9
<a href="#"><u>Credits and Acknowledgements</u></a> .....	9
<a href="#"><u>Return to LEND Modules webpage</u></a> .....	9

## Introduction to Social Work

Social work practice is aimed at assisting individuals, groups, or communities to enhance or restore their capacity for social functioning and creating societal conditions favorable to reach their goals.

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. [National Association of Social Workers Code of Ethics](#) (1999).

## Examples of Social Work Practice Settings and Activities

Social workers are employed in a variety of settings, examples include:

- Private practice
- Health Care Facilities
- Public Welfare Agencies
- Child Welfare Agencies
- Public and Private Schools
- Community Colleges, Colleges and Universities
- Communities Organizations

Social workers undertake a variety of activities, examples include:

- Counseling/Therapy with individuals, families, and groups
- Case Management/Consultation/Advocacy
- Plan, supervise, manage, and evaluate social programs
- Research social problems and analyze policies
- Education

## Social Work Practice

Social work practice involves a systematic process and activity designed to assess client situations and help clients achieve prescribed goals and promote optimal health and well being

Social work practice includes an understanding of:

- human development and behavior, human diversity, interpersonal relationships and family dynamics
- mental disorders, stress, chemical dependency, interpersonal violence, and consequences of illness or injury
- impact of physical, social, and cultural environment
- cognitive, affective, and behavioral manifestations of conscious and unconscious process

Social workers have greatly expanded their roles to include the field of developmental disabilities. They need to be well-informed about medical advances, federal policy, ethical issues, and the latest social work practices when working with individuals who have a developmental disability.

## History of Social Work Practice in the Field of Developmental Disabilities



### Late 1800 to Early 1900 - Public Institutions for People with Mental Retardation

Institutions were developed around 1850 in the United States for people with mental retardation. Social worker's involvement was limited to helping families who had a member with a disability choose an institution and then providing counseling to help them adjust to the diagnosis and the trauma of residential or school placement.



### The US Children's Bureau of 1912

National recognition of responsibility for child health first came about in 1912 with the creation of the US Children's Bureau. The first five chiefs of the Children's Bureau were social workers (1912-1962). This epoch is referred to as "the time of the great ladies." During the formative years, social workers were actively involved investigating and reporting on issues relating to the welfare of children.



### Social Security Act of 1935

Social work practice was first brought into public health programs on a national basis after the Social Security Act of 1935 was passed. The role of social work practice in health care is interwoven with the development of Maternal and Child Health Programs and the Crippled Children's Program, now referred to as Children with Special Health Care Needs, and Child Welfare Programs under Title V of the Social Security Act of 1935.



### Mental Retardation in the 1950s

In the early 1950s the Chief of the Children's Bureau, Martha May Eliot, a social worker, made it a priority to learn more about children with mental retardation in response to public concern about lack of understanding of the problems and services to children with mental retardation and their families. Social workers played major roles in promoting interest in developmental disabilities and carried their interest into the area of professional education for social workers and other disciplines and the development of services.



### The 1960s - Mental Retardation and Mental Health Construction Act of 1963

In 1963, President Kennedy inaugurated federal support programs for the construction of University Affiliated Facilities to offer a complete range of services for people with developmental disabilities and to serve as a resource for the clinical training of physicians and other specialized personnel, including social workers, needed for research, diagnosis, training or care.

Funding for training in University Affiliated Programs, now referred to as Centers of Excellence in Developmental Disabilities, was provided in 1965 through amendments to Title V of the Social Security Act. This funding was to prepare students, including social workers, for interdisciplinary practice especially related to services for children with mental retardation and other disabilities.

Social workers took on indirect practice roles such as training, evaluation, quality assurance, and policy practice, as the need for resource development and organizational planning expanded.



### The 1970s and 1980s - Deinstitutionalization and Support Models

The emphasis in providing services for people with developmental disabilities during this period was on reintegrating people back into the communities. Programs such as residential, vocational, and educational services, which were once delivered in large institutions, were now being provided in the community. Social workers, along with other professionals, moved

away from providing center-based to community- and home-based systems of care and from being direct service providers to placing more emphasis on family support and systems change.



### **The 1990s - and Beyond**

Social workers are focusing on the comprehensive, long-term needs of both children and adults with disabilities and their families from a person-in-environment framework and a life-span perspective.

Social workers emphasize a strengths and empowerment perspective to facilitate self-advocacy and self-determination by involving and supporting consumers in their own life planning.

Social workers emphasize a family systems perspective that stresses the need to support, not supplant, family resources.

## **Framework for Social Work Practice**

Social work draws from many frameworks for practice, but some of these frameworks have had more influence on the profession of social work than others. We would like to highlight three that we think have been particularly influential:

### **The Ecosystem Perspective**

This perspective focuses on the interplay between the person and his or her environment. To understand the functioning of the individual, we must understand his or her environmental context:

- Individuals exist within families
- Families exist within communities and neighborhoods
- Individuals, families, and neighborhoods exist in a political, economic, and cultural environment
- The environment impacts the actions, beliefs, and choices of the individual

### **The Strengths Perspective**

This perspective is built on the assumption that every individual, family, group and community has strengths and focusing on these strengths leads to growth and overcoming difficulties.

Under this perspective, clients are generally the best experts about what types of helping strategies will be effective or ineffective.

### **The Cultural Competence Perspective**

This perspective is the understanding and approval of cultural distinctions, taking into account the beliefs, values, activities, and customs of distinctive population groups.

Many cultures have prescribed ways of talking about health and the human body and these factors impact a person's reaction and acceptance of health services.

These perspectives are consistent with a Family-Centered or Client-Centered approach, which is central to the standards of best practice with persons with disabilities and consistent with social work's central values and framework.

## Self Test

TRUE or FALSE: Under the Strengths Perspective, the health care practitioner is considered the expert about what types of strategies will be most effective.

- a. True
- b. False

## Clinical Social Work Practice

Clinical social work practice involves a systematic process and activity that is designed to assess client situations and help clients achieve agreed upon goals to promote optimal health and well being.

The social worker who works with children and adults who have a developmental disability and their families must have knowledge of:

- normal biological, psychological and social development throughout the life cycle and the needs of persons with developmental disabilities throughout their life cycle
- the incidence, prevalence, etiology, symptomatology, characteristics and prognosis for a broad range of disabilities
- the concept of normalization that stresses the importance of using typical and normal methods to establish valued outcomes for people with developmental disabilities
- medical advances, federal policy, ethical issues, and the latest social work practices when working with individuals who have a disability
- the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act and their legal mandates as they relate to special education programs and the rights of people with disabilities
- federal, state, and local programs that have been developed for people with developmental disabilities including eligibility criteria and how to access these services
- the role that diversity in ethnicity, culture, or socioeconomic status may play in determining appropriate assessment strategies

...as well as:

- advanced skill in conducting assessments and/or evaluations and developing interventions using accepted standards of care
- understanding of the family as the basic unit of care, including health care and of the importance of collaborating with them in health care planning and service delivery

## Assessment Methods and Techniques Used by Social Workers

Social workers use various methods and techniques to make an assessment. They may use interviews, standardized questionnaires, surveys, or referrals. The interview with parents or caregiver is preferred at the CHDD's Clinical Training Unit as it provides an opportunity to gather in-depth information, interpret or reframe it and synthesize it to explain the child's development, behavior, learning, and functioning in a meaningful way. This process provides the beginning stage for building a foundation for the interpretive session by including parent's comments and observations.

## The Social Work Interview

The social and development background of all the family members and the evaluation of the home environment are generally done by obtaining a social history. Information about the family such as who lives in the home, extended family relationships, parent's culture, educational background, employment, health, and mental health provides a background for the remainder of the interview.

Examples of questions that may be asked during the social work interview include the following:

- What parents/care providers hope to gain from this evaluation?
- What concerns do they have of their child's development or behavior?
- What is their understanding of their child's developmental, behavioral and functional status?
- What diagnoses do parents/care providers suspect, what labels professionals have used, what is their understanding of these diagnoses and how do they feel about them.
- How do the parents/caregivers describe their child's strengths and limitations?
- How do they perceive their child's disability, how does the child perceive himself or herself?
- Does the family's culture impact their perception of their parenting practices, and access and use of services?
- What impact does their child have on family functioning: daily activities, social activities, and leisure time activities?
- How supportive are extended family, friends, and agencies and whether they are supportive or not.
- What is the parents/care provider's experience and ability to obtain and use available community resources?

During the interview, the social worker should screen for "red flags" or issues of concern that need to be further investigated. Most children, including those with developmental disabilities, receive adequate care from their parents or caregivers, while some children may not receive adequate care. Examples of areas that may require further investigation:

- Concerns expressed by parents/caregivers about the child's behavior: Any concerns expressed about a child's behavior are taken seriously. A child with mental retardation, autism, learning disability, or attention deficit hyperactive disorder may present with behavior problems that parents described as defiant, aggressive or temper tantrums, etc. where in fact, the behaviors are related to the child's disability and possibly unrealistic expectations. Mild disabilities may not be easily detected and undesirable behavior may be mistakenly attributed to the child's character.
- Suspicion of Child Abuse or Neglect: Social workers are mandated reporters and are required to report all cases of suspected child abuse or neglect to Child Protective Services (CPS). Child abuse or maltreatment includes physical abuse, sexual abuse, psychological abuse, and general, medical and educational neglect. Children with disabilities may be at risk for maltreatment. Undesirable behavioral characteristics related to a disability may be mistakenly attributed to the child's character.
- **Parental intellectual limitations:** Factors that should arouse concerns about parental intellectual limitations include:
  - parents who have been in special education classes or did not graduate from high school
  - erratic appointment-keeping
  - inability to complete simple forms
  - difficulties using public transportation

- vague responses to basic questions
- failure to follow through with directions or non-compliance
- always being accompanied by another adult

Parents with intellectual limitations may have less positive parenting practices, lack awareness of their children's needs, and may lack the skills they need to advocate for their child's needs. Parents with intellectual limitations are often eligible for community resources and should be referred for appropriate services.

- **Parental Depression:** Parents who are depressed often are less able to provide structure or to modify the behaviors of their children. They may appear withdrawn and lack energy and thereby pay little attention to, or provide inadequate supervision of, their children. They may also lack the energy to advocate for their child's needs.
- **Inappropriate Disciplinary Practices:** There is a great deal of controversy about ways to discipline children. For children with developmental disabilities, the child's developmental stage and mental age needs to be considered when determining discipline techniques. Use of disciplinary spanking should be discouraged for any child who is already demonstrating aggressive behavior or has experienced abuse or neglect.

## Intervention / Treatment Plan

Intervention and the treatment plan can take many forms and often occurs during the social work interview, especially if the child already confirmed diagnosis. Examples include:

- helping families understand the nature of their child's disability
- reframing the parent's perspective of their child's behavior
- taking action to protect a child who is being neglected or abused by the parents
- providing the family with information about their child's disability, service systems, and entitlements
- information related to transition and future planning (guardianship, special needs trust)

## Challenges

### Service Delivery

Some of the newest challenges that affect social work practice come from rapid changes at the present time in federal, state, and local government reform that is directly impacting the types and amounts of services that will be provided.

### Diagnosis

It may be traumatic for a parent to accept that their child has a disability. It is not unusual for parents to feel confused, angry, or fearful if their child is "labeled."

Is it more serious to diagnose and "label" a child with a disability or is it more serious to not give a diagnosis and possibly deprive a child of supportive services? The social worker must weigh carefully which course of action will most benefit and least damage the child.

## Mental Health

The concept of mental health needs, as related to people with developmental disabilities and their families, is still emerging as efforts are made to provide mental health service to them.

Children and adults who have a history of not responding to traditional mental health intervention raise clinical concerns about their developmental status and should undergo developmental testing.

## Dual Diagnoses

Children with mental disorders and unrecognized developmental disorders may exhibit disruptive behavioral that result in out of home placements, involvement with the legal system, school failure, and hospitalizations.

Children and adults with dual diagnosis tend to fall through a crack in the service system between mental health systems and developmental disabilities systems.

## Contributions to an Interdisciplinary Team

Social workers bring certain values, knowledge and skills to the interdisciplinary assessment. The social worker:

- contributes knowledge related to family dynamics, family functioning and attitude toward their child
- provides additional information so members of the interdisciplinary team have a broader understanding of the total child and are in a better position to make a more accurate diagnosis (Asperger's syndrome or autism for example)
- provides information regarding the family's ability to interpret and understand the team evaluation and recommendations
- provides information about the family's capacity and degree of opportunity for carrying out tasks that might be recommended
- provides information about cultural, religious, and social factors that influence a family's child rearing practices
- provides information regarding the family's understanding of and use of community resources and services
- is in a position to influence the interdisciplinary team toward change when the team's recommendations make unnecessary demands on the client.

## Training and Certification

**Social work degrees are offered at three levels:**

### Bachelor of Social Work (BSW)

The Bachelor of Social Work is a generalist social work degree designed to prepare students in the basic fundamentals of social work practice.

- Education at the baccalaureate level is expected to prepare for the beginning generalist social work practice and provides the professional foundation.
- Accredited BSW programs require at least 400 hours of supervised field experience.
- BSW programs prepare graduates for direct service positions such as caseworker or group worker.



## Master of Social Work (MSW)

The Master of Social Work is a specialized social work degree.

- Social work degree programs are required by the Council of Social Work Education to offer a foundation curriculum in: social work practice, human behavior in the social environment, social welfare policies and services, human diversity, research, and professional ethics.
- During the degree program, students are also required to complete a field practicum. This is social work experience under the supervision of a professional social worker. Accredited MSW programs require at least 900 hours of supervised field experience. Typically, the MSW requires two different placements.
- Master's degree programs prepare graduates for work in their chosen field of concentration and continue to develop their skills to perform clinical assessments, manage large caseloads, and explore new ways of drawing upon social services to meet the needs of clients.
- Upon completion of an MSW, social workers can work towards completing professional licensure. In most states, licensure requires two years practice experience under the supervision of a licensed MSW and completion of a test. In Washington State, there are two levels of social work licensure:
  - Licensed Advanced Social Worker (LASW). The LASW was created for practitioners serving in an agency setting.
  - Licensed Independent Clinical Social Worker (LICSW). The LICSW was created for practitioners working independently. The LICSW requires more direct client contact hours and more hours of supervision.

## PhD in Social Work or Doctorate of Social Work (DSW)

Doctoral level work trains graduates for careers in research, teaching, advanced practice, administration, planning and policy analysis. Doctoral programs do not have to have accreditation.

In the State of Washington, social workers do not have title protection. This means that it is legal for a non-degree person to call him or herself a social worker. Therefore, a person can apply for a social work job who does not have a degree in the field.

## Case Studies

### Case Study: John

John, a 6-year old, was referred to the Center for an interdisciplinary team evaluation due to developmental and behavioral concerns. John's mother, Jessica, accompanied him to the assessment and was interviewed by the social worker. Jessica stated that she wanted to know what was wrong with John and what she could do to help him.

#### Background

The social worker interviewed his mother and during the interview she provided the following information about:

- Home Life
- School
- Mother's Concerns
- Home Life

John lives with his mother Jessica and his aunt Sue, in a small town in Washington. John's mother has a high school diploma but did not attend college.

Sue works as a nurse's aid in a nursing home approximately thirty-five miles from where they live. Prior to getting this job, Jessica received Temporary Assistance for Needy Families (TANF). She got this job through the required work program and has been working there for three years. She reports that her job is stressful, but is glad that she has a job and is no longer receiving TANF. Jessica makes \$9 an hour.

Jessica works the second shift so she is not home when John gets home from school. Her sister, Sue, is Jessica's day care provider. Sue does not have a steady job, but does odd jobs during the day. Jessica reports that she trusts Sue to take care of her son and that she is grateful to have her because she could not afford to pay a day care provider. Jessica reports that she always worries about money. The cost of gas has really affected her because she has a long commute to work. She also reports that her car is unreliable, and that there is no bus line that serves her area.

Jessica said she divorced John's father because he was emotionally abusive to her and physically abusive to John. She said he still lives two blocks away and watches her home to see who comes and goes. Jessica said she is concerned about John having contact with his father because of the abuse history. She reports that prior to this relationship she was in a physically abusive relationship with another man. She also reported a history of sexual abuse as a child. Jessica explained talking about her ex-husband makes her very anxious.

#### School

John attends an elementary school in his neighborhood and receives special education services. He is in a self-contained, all-day kindergarten class for children with developmental delays. He receives speech therapy and occupational therapy as part of his educational program. Jessica said she is concerned that John is not receiving enough speech therapy in his school program because he is not making progress.

#### Mother's Concerns

Jessica described her son's behavior problems. She said she first became concerned when he was not talking by age two. She said he has always been fascinated with trains and spends hours lining them up. Jessica said John becomes angry when she changes his routine or when she tells him its time for bed. She said he gets in other children's space at school and bites or scratches his classmates when he is frustrated

or agitated. Jessica mentioned that John occasionally licks doorknobs and playground equipment. She said he will throw a temper tantrum in a store when he wants something he cannot have. He will also throw a temper tantrum when he wants something but cannot express himself. John's mother reported that sometimes it seems like he just can't get the words out to say what he wants.

John's mother said he is somewhat behind other 6-year olds in self-help skills. However, she reported that he has had some recent success in toilet training. While toilet training has taken a long time, he is now staying dry most days and asking to go to the bathroom. However, he still has accidents at night. John is learning how to dress himself, but is still having some trouble. He puts his clothes on inside out or backwards. On a positive note, Jessica reports that John will stay in the house when told and does not wander off into the neighborhood. She tries to keep John at home because some of the neighborhood boys pick on him. Also, she is concerned that these boys will be a bad influence on John. She thinks that one of the neighborhood boy's parents is doing drugs.

Jessica admitted that she doesn't understand John's behavior. Jessica said her mother thinks that John's behavior is due to her bad parenting. She said her mother adamantly believes that spanking should work. She said she has tried spanking him, but it doesn't seem to work. Jessica said she is frustrated and wants to find a way to address John's behavior.

During the interview, Jessica's affect was flat and she appeared to have a depressed mood. When asked if she felt depressed she admitted that she has attempted to have a mental health evaluation for herself in the past, but had a difficult time following through because of time conflicts with taking care of John and having to drive to the larger nearby town for the appointments.

## Assessment

From the ecosystems perspective, we can look at how individual, family, and larger environmental structures affect John and his mother. We can think about what interventions are needed at each level to improve family functioning.

**Individual:** John's autism impacts his behavior, his ability to communicate, and his ability to learn self-help skills. Yet, John has some strengths. He has shown progress particularly in the area of self-help. He can also be trusted not to wander off into the neighborhood, which means there is less concern about his safety.

**Family:** John's mother has faced many challenges. They face the challenge of living on a low income and worrying about money. Another challenge is that Jessica has a long commute to work. She also doesn't get to see John much because she works the second shift. Jessica also faces the challenge of her mother not understanding John's diagnosis and blames her parenting for the problem.

At the same time, John's family also has strengths. Jessica left the abusive relationship. She has been able to keep her job. Also, John's aunt, Sue, is a great resource for the family because she provides day care for John while Jessica works.

**Neighborhood:** John's current neighborhood is not a supportive environment. John's mother is afraid for John to play outside because she is afraid the other boys in the neighborhood will bully him. The family's current neighborhood is also very far from Jessica's work place. Also, this neighborhood is two blocks from John's father, and living this close to Jessica's ex-husband creates stress for the family.

**Political-Economic Environment:** One of the problems that Jessica faces is inadequate economic resources. Jessica cannot afford to have a reliable car and worries that the car will break down and she will be unable to get to work. She would like to move, but she needs to save money in order to move. She is unable to be promoted at her job because she has only a high school diploma. Thus, she has little hope of improving her salary. Jessica knows that she cannot afford daycare and worries about what will happen if Sue is no longer able to take care of John in the evenings.

## Intervention Approach

The social worker assigned to this case recognized that this family is facing great financial difficulty and would benefit from any programs that would help maintain financial stability.

First, the social worker helped John's family apply for Supplemental Security Income (SSI). This program provides approximately \$450/month for children from low-income families who have disabilities. The social worker also asked Jessica about whether John was currently receiving free lunch at school and whether she was aware of the food pantries in her local area. John and his family would benefit from an evaluation by a behavior therapist.

Second, the social worker realized that John's family would greatly benefit by moving out of their current neighborhood. By moving from to the larger town in which Jessica works, the family could save gas money and have fewer worries about the car breaking down. Moving would also get John away from the kids in the neighborhood that are bullying him and get the family further away from John's father. Moving would also make it easier for Jessica to get a mental health evaluation. However, while Jessica indicated a desire to move, it is unlikely she has the financial, physical, or emotional resources to do so.

## Referrals

### Special Education

John is eligible for special education services through age 21. His IEP should address his educational, behavioral, and vocational needs. John's IEP should include a statement of transition services which are planned and organized activities to promote his movement from school to post-school services. The statement of transition services should include goals and objectives as well as a statement of the interagency responsibilities and linkages before he leaves the school setting. John should also receive vocational testing as part of his educational program.

### Division of Developmental Disabilities

The Division of Developmental Disabilities provides an array of family support services designed to strengthen the family's role as primary caregivers and maintain family unity. These services include case management, respite care, behavior management, and other individualized services.

### Supplemental Security Income, Medicaid, Medicaid Personal Care

John may be eligible for Supplemental Security Income, Medicaid, and the Medicaid Personal Care Program. Eligibility is based on parent's income until a child turns 18, at which time it is based on their own income.

### Special Needs Trust

There are several important issue to consider when developing a will or estate plan for a child with a disability to ensure he/she does not become ineligible for government benefits. A Special Needs Trust will ensure that John continues to be eligible for entitlement programs. An inheritance or gift not protected by a trust arrangement could result in a loss of eligibility or a reduction in government benefits.

### Other Organizations

There are several organizations that offer support and information to the parents of children who have developmental disabilities: The Arc, Autism Society, National Information Center for Children with Disabilities, Washington PAVE, etc.

## **Recreation**

Camp Easter Seal through the Easter Seal Organization provides camping experiences for children with disabilities. Special Olympics also provides recreational activities for children.

## Resources

### Referrals

There are a number of state and federal programs that have been developed to assist children and adults with developmental disabilities and their families. These programs are available in all states and can be found in the Government pages of telephone directories. Examples of these programs include:

- **Developmental Disabilities Programs**

**Developmental Disabilities Program** - All states have an agency that administers comprehensive services to people with developmental disabilities. In Washington State, it is called the Division of Developmental Disability.

This agency uses state and federal funds to directly provide or purchase supports and services for eligible persons and their families. This agency assists individuals with developmental disabilities and their families to obtain services and supports which are based on individual preferences, capabilities and needs, and which promote everyday activities, routines and relationships common to most citizens.

Services include:

- case management
- early childhood intervention
- respite care
- behavior management services
- training and counseling
- employment support
- residential support
- housing
- leisure and recreational opportunities
- attendant/personal care for eligible persons who live with their families
- supports to the family
- support for elderly parents

This program is not an entitlement program. Services are limited and there may be a wait period.

- **Medicaid Entitlement Programs**

**Medicaid Entitlement Programs** - There are two Medicaid programs that offer personal care services:

- the Title XIX Personal Care Service (PCS)
- the 1915 (c) home and community-based services

**Personal Care Service (PCS)** - This program is administered through the state, with federal and state funds. This program provides personal care support to children and adults with developmental disabilities (who meet the medical and financial criteria) in their own homes or in the community. The attendant provider assists with self-care activities. This is a federal entitlement program

**The Home and Community-based Services Waiver Program** - This program allows states to "waive" traditional Medicaid guidelines. Services which were previously provided only in institutional settings can be provided in the home. These waivers allow families to keep their family member with developmental disabilities or complex health problems at home by providing intensive in-home supports. These services are flexible and are based on individual needs. Waivered services include case management, in-home family supports, respite care, homemaker services, day training and habilitation, modifications to the home, and adaptive aids. This is an entitlement program.

- **Medicaid**

**Medicaid** - In most states, children and adults who receive Supplemental Security Income (SSI) are eligible for Medicaid. This program pays for medical services. This is a federal entitlement program.

- **Supplemental Security Income (SSI)**

**Supplemental Security Income (SSI)** - The Supplemental Security Income provides cash payments and healthcare coverage for children under 18 who meet the medical and financial eligibility requirements. Parent's income and assets are considered when deciding if the child qualifies. When a child turns 18, the parent's income and assets are no longer considered. This is a federal entitlement program.

- **Special Education Services**

- **Early Intervention Services (Birth to Three)**

**Early intervention Services (Birth to Three)** - All children, birth to three, including children at risk for developmental delays, are entitled to participate in the following components with the consent of their parent(s): early identification, multidisciplinary evaluation, and determination of eligibility for early intervention services.

Some early intervention services are provided through contracts with county governments. Services related to the infant or toddler's development are offered to families at no cost unless state law requires a system of payments by families, which include a schedule of sliding fees. For example, some state medical services do have a sliding fee. These programs are medically-defined and were in effect prior to the passing of IDEA, Part C (H). All funds from IDEA, Part C, administered by DSHS and ITEIP, are payer of last resort and as such must be used last.

## Advocacy/Support

There are many national organizations that offer advocacy and parent support for specific disabilities. Many of the national organizations have local offices. Examples of organizations include

- The Arc of the United States
- The National Autism Society
- The National Learning Disabilities Association
- United Cerebral Palsy
- National Information Center for Children with Developmental Disabilities

## Information

Future Planning Issues:

- Special Needs Trust and Guardianship
- Transition to Adult-based Services

## Credits and Acknowledgements

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