

The Impact of Children with Special Needs on Employment

Trainer's Notes

Upon completion of this course, you will be able to:

- Define special needs in relation to a parent obtaining and maintaining employment.
 - Identify issues related to W-2 participation when there is a special needs child in the family.
 - Identify resources to address employment needs.
 - Identify and assign appropriate W-2 activities to develop employment skills.
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Agenda

8:30-9:00	Registration
9:00-9:15	Introduction Welcome
9:15-10:15	Defining Special Needs Defining Special Needs Your Thoughts Video – LuAnn & activity
10:15-10:30	Break
10:30-11:30	Assessment BST Record Keeping Book Additional Tool Key Actions
11:30-12:00	Comprehensive Care Model Examples
12:00-1:00	Lunch
1:00-1:15	Bridges vs. Road Blocks
1:15-2:15	W-2 Activities W-2 Requirements Appropriate Activities Activity Community Steering Committee Children's Services Network Challenges Addressing the Challenges
2:15-2:30	Break
2:30-3:30	Placement and Activities Placement and Assignments Activity
3:30-3:40	Case Management Truths
3:40-4:00	Closing/Evaluation

Equipment/Supplies needed:

Computer
LCD Projector
Speakers
DVD of LuAnn/Angels Do
Flip Chart/Markers (optional)
Copied Handouts/Evaluations for distribution
Printed section of W-2 CM Resource Guide
PG and TN

Welcome/Introduction

Ask participants to introduce themselves including: name, role in agency, experience in home or office with children with special needs, and the amount of contact they have with these families in their agencies.

Welcome participants and **explain** what they need to know about the facilities, where to pick up messages, breaks, meals, etc.

W-2 is by definition a program for people with children. What does it mean when these children have needs beyond day to day “regular” parenting responsibilities? **Explain** that today’s training focuses on learning about families of children with special needs and the impact that this type of parenting has on a parent’s ability and capacity to work and participate in W-2 activities.

- Was requested by professionals who work with children with special needs and who desire to educate workers about the special challenges these families face in supporting the needs of their children while at the same time financially providing for their families.
- Focuses on children with moderate to severe special needs.
 - Approximately 2% of children in Wisconsin have special needs in the severe range, 15-17% in the moderate range, and 11-12% in the mild range. The families you will encounter most often are those with children in the moderate to severe range. **Optional:** you may want to write these statistics on the flipchart and tape the page to the wall.
 - In addition to the children we typically view as “special needs,” there is another group that we need to focus on. This group includes those children and teenagers who may have issues with truancy, ADHD, juvenile justice, and the school system.
- Preparing for the child becoming 18, the end of W-2, and the need for the parent to have work skills.

Tell participants that discussions will center on the challenges, struggles and resources of these families. They need to support their children and also, within the W-2 timeframe, gain work skills.

Tell participants that this course will prepare them to appropriately apply W-2 policy as employment plans are developed for families with children with special needs.

Defining Special Needs

Define Special Needs

The W-2 Policy Manual does not specifically define children with special needs. Form DWSP-10786 documents disability related special needs of a family member. There is a definition of Severely Disabled Child in the W-2 glossary of the Manual, but it is a definition that is used specifically to determine Two Parent Participation Requirements (chapter 14.1). Special Needs are much broader than how we may define Severely Disabled Child. The closest thing we have to defining special needs is in the Case Management Resource Guide.

Types of Special Needs

Gather responses from the group. Be sure that special needs related to ADHD and truancy and other common issues are mentioned. We do not want to limit our thinking to severe disabilities. Some of these other special needs also create barriers to employment.

Possible responses to what it is like to parent a child with special needs:

- *Overwhelmed*
- *Tired*
- *Need to learn everything about the disorder*
- *Become strong advocate for child*
- *Learn to be a better parent*
- *Isolated*
- *Feel you're misunderstood*
- *Creative in problem-solving*
- *Angry*
- *Distrustful of professionals*
- *Family breakdown*
- *Broke*

Possible trainer comments:

- *We all seem to agree that parenting a child with special needs creates difficult circumstances.*
- *We are concerned about the impact on the family.*
- *We can see it takes much creativity and strength for the family to support itself.*
- *The family may believe it will be impossible for them to become employed, much less learn the skills they will need to accomplish this.*

Activity - Your Thoughts

Introduce the activity; give participants about 5-10 minutes to answer the questions. When they're finished, **ask** if anyone wants to share their responses.

Record your thoughts on the following questions. Think about

- your typical responses related to W-2 in situations in which there is a special needs child in the family,
- the types of placement determinations for parents, and
- the types of W-2 activities you assign.

What are your initial reactions related to W-2 placement and participation requirements to customers with special needs children? How do you approach the initial assessment process?

What is your current philosophy for participation requirements for parents with children with special needs?

The goal of this activity is to lay some groundwork for how trainees react to situations in which there is a special needs child. For example:

- *Do they typically place parents in a W-2T and assign caring for a disabled family member as a sole/primary activity as a rule?*
- *Do they complete the entire assessment process, looking closely at the activities parents can participate in?*
- *Do they require participation in work activities whenever possible?*

The goal of this class is to assist participants in recognizing barriers related to having a child with special needs and to provide guidance in assessing the needs, working with appropriate partner agencies, and assigning appropriate W-2 activities based on those barriers and based on the need to overcome those barriers. This activity is meant to lay the groundwork for initial feelings related to this goal.

Activity - Video Note Taking

Video – LuAnn (6 minutes). The text of the video is available in the Appendix of the TN if needed. You may use the text as a handout if there is no way to play the video. Use the video as a tool to begin discussing the employment impact on a parent when his/her child has behavior problems.

Introduce the video. **Tell** participants that the issue of sufficient resources that support not only the needs of the child, but also those of the family are of paramount importance in determining whether a family stays stable enough to engage in employment activities.

LuAnn has a son who is 17 and has had behavioral problems his whole life. A few months before this videotape was made, her son attempted to commit suicide at school. LuAnn talks about the impact of this incident on her employment and the impact of his behavior problems on her life. Listen carefully for employment and family issues that impact employability.

Several minutes into the video there is a break, and then LuAnn talks about the period of time following her son's suicide attempt.

Instruct participants to jot down notes about the video in "Video Note Taking" of their PGs. **Show** Video #1. When the video is over, **give** them 2-3 minutes to add to their notes.

Discuss the video, and ask questions and encourage them to make notes.

- *Name some specific employment issues caused by the suicide attempt.*
- *What impact has Russell's behavioral issues had on his mother's employment throughout his childhood?*

Possible responses to the video:

Possible responses: Employment issues:

- *Losing job; be sure to discuss the illegal behavior of the boss—not allowing her to use accumulated time, not allowing her time off with Family and Medical Leave Act (see http://dwd.wisconsin.gov/er/family_and_medical_leave/publication_erd_8007_p.htm for information on the FMLA).*
- *Needing to work with professionals following the attempt, with appointments scheduled with little to no advance notice.*
- *Quality of work and work relationships diminishes.*
- *Balancing employment with child care.*
- *Fear of termination and of not being able to find a job.*

Possible responses: Impact of behavioral issues on employment:

- *Handling calls from the school while at work and having to act like nothing was wrong when she hung up.*
- *Having the school request that she come get Russell.*
- *Spending time each year with teachers and school administrators educating them regarding Russell's needs.*
- *Sleep deprivation.*

Possible Responses: Resource issues

- *Hospital Staff*
- *School – teachers, principal, social worker*
- *Informal Supports – friends, family, partner*
- *Flexible Employer*
- *Job Coaches/Retention Specialists/Job Search Staff/Job Developers*
- *W-2 Case Manager*
- *Social Workers*
- *Psychiatrists, psychologists*
- *Flexible Work Schedule*

Assessment

Discuss informal assessment and the kinds of information the FEP may gain through using the WP Assessment screens, Need to Care for a Disabled Family Member form, general assessment practices. However, these informal methods may not be enough or provide enough detailed information. Additional tools are available.

Ask what methods workers use to obtain information related to the child's special needs and its impact on the family and on the parent's employability.

Possible examples (with proper releases of information of course):

- treatment professionals
- schools
- child care providers
- social workers
- community organizations/advocates
- family members

Barrier Screening Tool

Discuss that the BST has a section related to identifying children with special needs. View the BST if you have access.

Spend some time discussing the BST and how it can be used to identify potential needs.

BST Screen Print

Take a look at the screen print and review the types of questions that are asked, pointing out that the tool looks at physical disabilities, medical issues, and school related issues.

Remember, the BST is a screening tool only. **Ask** trainees the types of partners and community resources they may use to further assess needs identified by the BST related to the Family Needs Screen.

May want to discuss the decline rate of the BST. Remind them of the value/benefits of the BST. Even if the BST is declined, it doesn't mean you can't ask some of the relevant questions as part of the informal assessment process.

This part of the BST focuses on an assessment of family members, which may be a switch for some W-2 staff, who may be used to focusing on the W-2 participant.

Record Keeping Book

The Record Keeping Book is in the Appendix of the PG. **Refer** to this and **discuss** the uses for tracking activity and assessment purposes.

Spend some time going through the Record Keeping Book and looking at all the types of information that can be gathered. **Discuss** how this can be applied to determining W-2 activities. This also could be used as an upfront activity as part of the initial assessment process. On an ongoing basis, it could be used to help determine how many hours “Caring for a disabled family member” is appropriate, and what other types of activities may be added as additional participation hours to help increase/enhance the W-2 participants’ employment skills.

Additional Screening Tool

This is a screening tool that workers may find helpful. The tool is in Appendix II of the PG. It was originally part of the “W-2 Case Management Resource Guide.”

Ask if anyone has ever used this tool. What might be a good use for it in working with a customer?

Note that all of these assessment activities count toward participation hours.

Emphasize that with all of these tools, the goal is to gather data that can be used in the assessment process and that can be used to identify employment and training needs.

Ask How could these screening and assessment tools be useful to you in determining the extent of the special need(s) impacting the family and employment? Give them about 2 minutes, and then share responses from volunteers.

Key Actions

Explain that after a worker is aware of a special need in the family, the need should impact the case management that you provide, including Employability Plans (EPs). Be sure to document all relevant information in both CARES and the case file as appropriate.

Stress the need for documentation. **Tell** participants that documentation will be important to support the EP and any accommodations that you provide.

Note that, when using Form 10786, a physician does not need to be the professional to document the need. It could be any other assessment professional.

Explain that Form 10786 verifies the family's inability to find appropriate child care.

Note that if the family has other children that need child care, coordinating multiple providers could be an additional challenge.

Emphasize the need for ongoing assessment.

Comprehensive Care Model

Refer participants to the Comprehensive Care Model visual.

Explain that this is one model that helps illustrate the various types of services and supports families may need. **Tell** participants that to care for their child while maintaining family stability and financially providing for the family, parents must develop a network of formal and informal supports. Informal supports are critical for emotional and physical respite and understanding. A parent's ability to function is greatly enhanced with a sufficient support system. Workers can help these families by engaging in a philosophy of building bridges to the services a family needs.

Explain that the *Wisconsin Maternal and Child Health Coalition* developed this model of working with families with children with special needs. Most helping agencies follow a version of this model. This model could be viewed as an assessment process.

Referring to the information in the PG, **discuss** the Comprehensive Care Model. **Ask** trainees for examples of the types of services people they have worked with received under this model.

The three rings of service levels:

- Family Centered
- Multi-Disciplinary, Coordinated
- Community Based

Review these types of services, emphasizing that families may need some or all of them, but that FEPs need to look at how these activities and obligations fit into W-2 participation and how these activities can assist individuals in gaining work skills.

Emphasize various plans from different agencies and the need for the FEP to review the plans and take them into account when making W-2 assignments. W-2 needs to provide additional support related to obtaining work and/or work skills.

Ask what are different plans that an individual may have?

- IEP - Individual Educational Plan
- Safety Plan - DV related
- CPS - Family reunification plan or other child safety plan
- Probation/ Parole Plan
- Plan with a psychologist/ psychiatrist

Ask: Looking at the model, where does the FEP/W-2 Program fit into this model?
All across this model we see places where W-2 fits. The types of services and supports W-2 provides are throughout the model. Employment and vocation are in each of the rings.

Explain that forming relationships with the other agencies opens communications and reduces the confusion that often accompanies multiple helping systems.

Benefits of Collaboration

- Cost efficiency
- Improved client advocacy and outcomes
- Enhanced access and tracking of services
- Expansion of resources
- Increased ability to address complex issues
- Mutual understanding of agencies' constraints
- Reduction of duplication of services

Benefits for Families

- The Right Service at the Right Time – By working together, programs and workers can do a better job of getting families the support they need, when they need it, thereby enhancing economic self-sufficiency.
- Fewer Conflicting Demands – Multiple system families often are overwhelmed by the multiple requirements. It is necessary for FEPs to be aware of various issues related to participation. W-2 is flexible and can accommodate activities related to various programs and support systems.
- Better Experiences with the W-2 Agency – When agencies work together, families gain a better understanding of their expectations and interactions are less confusing.

Confidentiality

Inform participants that they need to obtain Releases of Information for the agencies, professionals, and parents involved in IEP and IFSP.

Briefly discuss the W-2 Policy Manual content 4.2.2.1.

Briefly discuss the W-2 Policy Manual content 4.2.1.1.

Be sure to explain to the participant why you need the information and how it will be used.

Example: How a Similar Model Is Being Used

Review the model example in the participant guide. This is just one example of how a Comprehensive Care Model is being used here in Wisconsin; getting everyone to the table to coordinate planning with the family. The website has much more extensive information.

Activity - Bridge or Road Block

The FEP and the W-2 program can be either a bridge or a road block in assisting families in participating in a Comprehensive Care Model and in accessing and utilizing all services and supports for themselves and for their employability skills development.

List some ways that the FEP/W-2 Program is either a Bridge or a Road Block.

Possible responses

Bridge	Road Block
<ul style="list-style-type: none"> • <i>Become involved with family plan and develop plans (EPs) that work with the family plan</i> • <i>Be source of information about W-2 and services.</i> • <i>Learn about other helping agencies so worker can assign appropriate activities based on the needs of the family and of the program.</i> • <i>Alert appropriate professionals about new issues customer may have.</i> • <i>Alert professionals about how status changes affect W-2 involvement</i> 	<ul style="list-style-type: none"> • <i>Add too many additional appointments for W-2 activities if customer already is attending many appointments with child. Note about the development of EPs and the need to be aware of other plans and mandates so that the EP can reflect those and use them as participation in W-2 where appropriate.</i> • <i>Take on role that system was designed to handle or already is working through. W-2 may NOT be the answer for all issues the family faces, and other programs may meet the family's needs better.</i> • <i>Assume that all the family's issues will be handled by the helping agencies.</i> • <i>After placement in activity, and/or referral to a partner agency, "file and forget" or "refer and forget" occurs with no follow up.</i>

W-2 Allowable Activities

W-2 Participation Requirements

It is necessary to complete an in depth evaluation/assessment of the situation so that the FEP can assign appropriate participation requirements that will lead to work skills development and to employment. It is important for FEPs to look at all current activities related to caring for the child, the supportive services available, and the services needed that may lead to increased employment opportunities. The FEP then can make appropriate referrals, determine W-2 placement, and assign activities that both support the needs of the child and lead to employment for the parent.

Stress that for these families in particular, there is no set number of hours that must be assigned. Participation should be based on the assessment of their individual circumstances and capabilities.

Be sure to point out the note about the “CD” component and Federal Work Participation rates.

Activity - Appropriate Activities

List some activities that are appropriate for W-2 and for parents who have a very limited ability to work in unsubsidized employment, but that will lead to employment or the development of employment skills.

Possible CARES codes follow each activity in bold.

- *Volunteering to help with child in the classroom* **WE**
- *Finding help with respite care* **CD**
- *Watching videotapes at home* **LF, PA, or PD**
- *Computer tutorials* **PD, LF**
- *Working from home* **WF or WP**
- *Distance learning* **JS, LS or BE**
- *Activities that support well-being* **PD**
- *Building organizational skills* **LF**
- *Developing decision-making skills* **LF**
- *Career Exploration/Research* **CE**
- *Attending special needs appointments* **FC**
- *Developing advocacy skills* **PD**
- *Attending parenting classes* **PA**
- *Activities that develop job-seeking skills* **MO**
- *Attending budgeting seminars* **LF**
- *Attending literacy classes* **LS**
- *Attending writing skills classes* **BE**
- *Networking activities* **MO**
- *Time management activities* **MO/LF**
- *Classes that build planning skills* **LF or MO**

Note that all of these activities are assignments that count toward participation hours. **Remind** trainees not to “lump” all activities into one component code. If the activities reflect more than one component, be sure they are reported accurately in CARES.

FYI for trainers: Journaling (PD) was removed from this list at the request of the Policy Section. Here is the explanation:

“Journaling is something that we have been deemphasizing unless it serves a very specific purpose such as helping to document that someone should be eligible for SSI. If it is discussed as an activity during the training, it needs to be emphasized that it should be used in very limited situations and should serve a specific purpose. It should not be required simply because the worker wants the participant to do something for their benefits.”

W-2 Community Steering Committee

Briefly discuss the W-2 Community Steering Committee role. Ask if any one has an active W-2 Steering Committee in their community and what the Steering Committee has been able to establish to meet the needs of W-2 participants.

Children's Service Network

Briefly discuss the CSN.

Note to trainer: Both of these are now only mentioned in the Glossary of the W-2 Manual.

Challenges

No family possesses all the resources they need to meet every challenge. Families with children with special needs may possess some or all of the following challenges:

One adult in the home

Currently in Wisconsin, the majority of families of children with special needs are single-parent families with a female head-of-household who says she has little to no support from family and friends. *(Note: These are families that have sought assistance and/or currently are being served by human services programs.)*

Lack of broad informal and formal support systems to help, especially in times of overwhelming demand

Many families of very young children with special needs are well served by programs that fully support the family and child's needs. As the child grows, this formal support system diminishes, reducing family support and placing more responsibility on the family to find and secure the services their child requires.

According to experts in the field, most families of children with special needs have an informal support system of 1-2 people who will consistently help them support their child and family. However, many families are functioning with no informal support. This raises a critical question: What is the impact on a parent who is providing complete care for a child without respite?

Little understanding of available systems and how to access them

Some families are unable for various reasons to understand and access services for their children. Reasons may include inadequate cognitive and emotional resources, an inability to advocate for their child, and denial that the child needs services. An inability to advocate and fight for their child and the services he/she needs can be dangerously lacking in some of these families, causing added stress on the family's ability to stay stable.

Lack of appropriate basic work skills

Some parents lack an understanding of important work skills, such as remembering, in a crisis, to call an employer when they can not come in to work or arranging for time off prior to a child's appointments.

Inadequate transportation

Inadequate transportation causes challenges for all W-2 participants. In addition to common transportation issues, these families also face challenges in attending medical and therapy appointments, getting to work on time after transporting and settling their child into a group setting and continually responding to a child care or school setting due to their child's needs.

Inadequate child care

Child care centers and schools are mandated to support the needs of children with special needs. Some families, however, experience great difficulty in finding a setting with trained staff who can care for their child appropriately. In addition, some children may have to be removed from a setting if their needs begin to exceed the skill level and staff at a child care center.

Few internal resources such as cognitive ability and emotional strength

Families of children with special needs are faced with challenges that deplete their internal resources. A University of Minnesota-Minneapolis study found that the members of these families are at twice the risk for mental health issues, a major issue being depression. Physical exhaustion may be an issue. This is especially true for families who have a child who must be attended to during the night or for whom adequate respite care is not available. Many families deal with special needs in other areas, including cognitive and learning disabilities, poor decision-making, AODA issues and inadequate interpersonal skills.

Tell participants that accommodations in work activities must be considered for all of these families. An employment plan cannot be done with accuracy until a worker finds out whether a family has sufficient resources to care for the child, meet their family needs, and maintain employment.

Tell them that a worker may find families who have enough resources to cover their children's needs, but are just as likely to find parents who have little to no resources because their children's special needs have never been diagnosed. For example, some parents have children with behavioral disorders that the parents and even school personnel have accepted. Perhaps no one may have ever looked into the possibility that the child might have a diagnosable disability that could be helped greatly through appropriate services. The average school-aged child is not diagnosed with a learning disability until the fourth grade. There are many families who are struggling with issues and have no support in resolving them.

Addressing the Challenges

Break into four groups and **assign** each group to a challenge area from the PG:

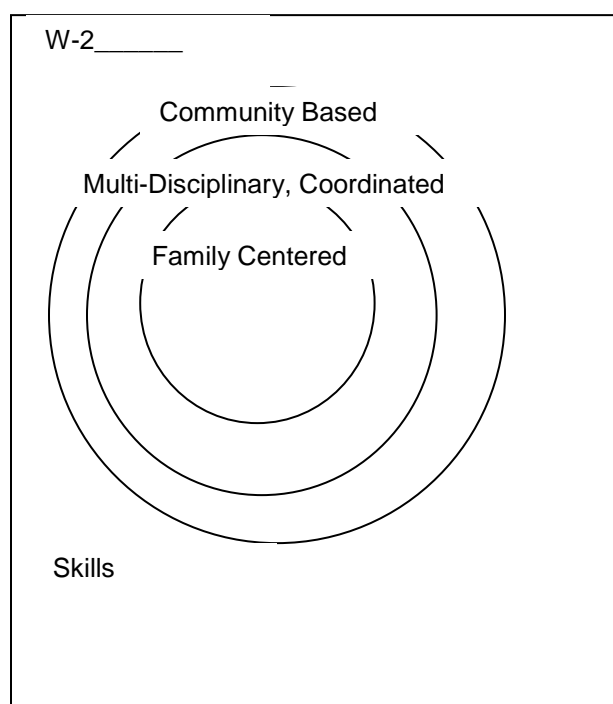
- Access to Child Care
- Access to Transportation
- Maintaining Health Insurance Coverage
- Access to Flexible Work Options

Have each group read the challenge. Using Appendix II of the PG, **have** them write their ideas on flipchart paper, including other resources within their communities they are aware of or have used to address their challenge.

W-2 Placement and Employment Plan Development

This is the wrap-up activity where you pull it all together. Provide this introduction to the activity: “Throughout the day we have looked at defining special needs, assessment, comprehensive care planning, opening our minds to various W-2 activities, and challenges. Now it’s time to pull all this together and look at families with specific needs and apply what we’ve learned.”

W-2 Placement Activity – scenarios and question sheet are in the Trainer’s Notes Appendix and must be copied separately as handouts. Provide the instructions below. You also may choose to provide each group a flipchart page with a blank collaborative Care Model on it, a space for the placement, and a space to list the skills related to each activity (example shown below).



Be sure to talk about why the extensive background information is being provided in order to give direction to the activity. The history of the child’s special need provides a concept of the ongoing issues affecting employment and activity outside the family. Be sure to look specifically at the emotional impacts, siblings, support system, and child care to determine activities, assistance, and community organizations.

Review or reference the short descriptions of each family in the participant guide prior to processing the activity.

During debrief – Record the answers given by each group on flipcharts or into a Word document shown on an LCD projector.

Family A

Family B

Family C

Family D

W-2 Case Management Truths

Review these and their supporting information.

Networking is a powerful tool. Reinforce that networking with co-workers/other FEPs/other W-2 staff is just as valuable as networking with community agencies/partners. **Suggest** they ask other FEPs their opinions/what they've tried in similar cases.

Documentation backs up case management decisions. **Remind** them that this means CARES too, not just the paper file.

Closing

Closing Activity Option I Directions

Based on the last page in the PG, “There are always ways to take steps forward,” expand upon that as your closing remarks. Remind trainees to think about what steps they can take to move forward with just one of their cases. Taking small steps forward is still progress; in some cases, baby steps are all that’s realistic at that moment, but keep thinking how to maintain forward progress.

Closing Activity Option II Directions

1. Put an I and an X on the flipchart.
2. Remind participants that working with customers nearly always presents challenges; sometimes these challenges seem impossible.
3. Tell them that here is a different challenge. Turn this IX into six with one line.
4. Have them show their solutions.
5. Show them the solutions.
6. **Comment** that finding solutions sometimes means looking at or hearing things in a different way. There is hope; there are ways to take steps forward; and one step forward is to rely on others for help in finding solutions.

Possible answers to the puzzle: “**SIX**” **OR** “**IX**” looked at upside down with half of the “X” covered up is VI or six in Roman numerals.

Ask participants what one thing they heard today they would use back at the office.

Distribute evaluation.

Play the *Angels Do* video while trainees complete the evaluation.

Appendix – Handouts

Video Script – LuAnn

I've worked in a bank for three years. Had started out as a teller, had moved up the ranks and was feeling really good about that. Until one day I got a call from school, my son was in high school at this point. The principal called to tell me they were rushing him to the emergency room, because he had cut his wrists. Now Russell has had problems—all his life we've struggled. But this one was a little unexpected. I went into my supervisor's office and told her I would be leaving for an emergency, my son had cut his wrists. She didn't say too much. I basically packed my stuff and walked out and headed out to the emergency room. Now Russell was OK, he needed a lot of stitches, but physically he was going to be fine. The emotional part was what was yet to come. And of course what lead up to this was all very disturbing as well. We had a lot to deal with, a lot of appointments. A lot of social workers were calling. Everybody was setting things up. I needed to be here, I needed to talk to this doctor. Find this out, I had to ask a lot of questions to find out what was actually going to happen at this point to Russell. The school hadn't said a whole lot, except that there was a lot of blood and things were really bad. So knowing that he was going to at least be alive was a big relief.

I had taken vacation, planned the week right after this happened. So at least I had a week off to deal with all the appointments. But what ended up happening is that he wasn't released from the hospital, he had a lot of stitches, there was a lot of healing that had to happen, so after my week's vacation, I still had to take some time off. I was not able to be at two places at one time. And emotionally, I could not have dealt with it. Because there was no way I was going to sit at work and talk to customers about anything, thinking what was happening with my son. I called my supervisor after my week's vacation. I had over 100 hours of sick leave, because I never ever took sick leave for myself. And the first words out of her mouth were, "No you can't have next week off." And I thought, I'm not going to be there, so sorry. "What do you expect me to do?" I said, "I have over 100 hours of sick time, can't I use that?" And, "Oh you do?" was her response. And we kind of left it at that. A couple weeks later I got a piece of paper in the mail; that was my termination notice. I know that wasn't right to have that happen in quite that way, but I didn't have the energy to do anything about it either.

Russell has ADHD, and he's struggled with school, with extra curricular activities, all of his life, starting in about first grade when the teacher told me I have a budding juvenile delinquent. She didn't tell me any of the emotional disturbances or ADHD, or like taking him to the doctor or maybe having him tested, or anything like that. She was just real good at telling me all the negatives of what my son did in school and what was to come. I, on my own, found out about attention deficit disorder, took him to the doctor, had him tested, and got him on medication.

Well, when you try to have a job and it's a new job, you can't go telling people about your children right up front. It's bad enough in the interview, sometimes, you feel like when you say too much about your kids that you might not even get the job. Because you're going to be a problem, because you're going to want off the first day of school, you're going to want off for the Christmas program. And you are going to want to have your child your priority, not your job, so you don't say too much.

With Russell, I was always kind of at odds with the teachers, because it was always phone calls at work, "Your son's in the office and he needs to come home." Well, I'm at work, I'm not at home. I can't just come get him. There's nobody at home to be with him. What are you supposed to do when that's the response of the teacher, get the child out of the classroom, get him out of the school. And we're supposed to be there all the time to be there and pick the kid up and do this and that. The stress coming home after the phone calls from the teachers and the principals. It's real hard to say, "Hi honey, I love you, how was your day?" When you know that somehow there's something wrong and you know you can't fix it, you can't change it no matter what you do. You cry, you scream, you hug him, you send him to his room, and nothing you do is right. And you have nobody to talk to, because there isn't anything physically wrong. Because if there was something physically wrong, and everybody could see that, then there might be sympathy and understanding. But when it's an emotional or inside thing like ADHD, if they don't understand it, people don't have compassion or don't want to hear about it. And so that's very, very difficult.

NEXT SCENE

LuAnn

Russell is now getting help in the hospital, and going into court, and so forth and so on. I was fortunate enough to not have to work. I had remarried and my husband has adequate income. So we decided that I needed to take the summer off. Because of the short notice of the appointments, I'd get a call at 9:00 to be somewhere at 11:00. I was able to do that because of my husband working and my being off that whole summer. It was real interesting towards the end of summer, I was told by one of the social workers that it was very clear I was a caring parent, because I had been at all the meetings and appointments. And that somehow that showed I was a real loving, caring parent. And all I could think of to myself was how lucky I was that I didn't have to be at work and was able to be available. That wasn't always the case.

W-2 Placement Activity

For your assigned scenario, answer the following questions. Fit the answers to your questions into the collaborative care model on a flipchart.

What is the appropriate W-2 placement?

List three appropriate activities for the W-2 participant's employability plan and the skills the participant would build as a result of these activities:

Activity #1	Activity #2	Activity #3

What assistance might the W-2 participant need to complete these activities?

List community organizations that you may want to collaborate with in order to support this family:

Family A

Parents: Rosa—30, Dad—29—left 3 years ago and doesn't have contact with family

Children: Jose—9½, *Maria—8 (has Cerebral Palsy)*, Juan—7

Progression of the Child's Health or Illness:

- **Birth:** Rosa gave birth to Maria after a short 26 week pregnancy. The birth was traumatic. The physician could not detect a fetal heartbeat during the three minutes before birth. She required artificial ventilation and a shot of adrenaline into the heart.
- **Newborn:** As she grew, her condition stabilized, but significant brain damage was suspected.
- **4 months after birth:** Maria finally went home. By this time, Rosa had already lost her factory job. At home, Maria was fed poorly and was irritable and demanding most of the time.
- **8 months old:** Maria made no attempt to roll over. She began having intermittent mini-motor seizures.
- **2½ years old:** Maria rolled over and reached for objects. But poor muscle control caused her to bat at objects, rather than grasp them.
- **3 years old:** Maria responded inconsistently to sounds and was found to have severe sensor neural hearing loss.
- **8 years old:** Maria continues to have difficulty in hearing and in muscle control. She requires assistance with mobility and with eating and self-care.

Finances and Services:

- **SSI:** Maria receives SSI (about \$500 a month) to assist in the costs of her care. This has been the family's main source of income.
- **Child Support:** Rosa receives \$17.00 per week Child Support for her oldest son.
- **Family Support Program:** Rosa has applied for the Family Support Program, which would pay for unexpected expenses for Maria like the ramp to the front door and her wheelchair. She has not yet received a determination.
- **W-2:** Rosa is seeking assistance through the W-2. She understands that it is a work program, but what she really wants is cash and FoodShare.
- **Employment:** Rosa has not held a job since Maria was born. She used to work on and off at a factory, but was fired when she didn't show up. She and the children have been living off of Maria's SSI and Jose's Child Support.
- **Birth to Three Program:** Initially, Maria and her mom received a lot of support through their local Birth to Three Program. Services were provided in their home, and Rosa felt she had a system of support to lean on.
- **Public School System:** Maria has received Special Education Services since she was three through the Public School. She continues to attend when her health permits, although Mom feels disconnected and uninvolved when she does.

Siblings:

- Maria's siblings sometimes are embarrassed by their sister and respond by being overly protective or by pretending she doesn't exist.
- They often have felt resentful of the care and attention their sister requires. More often than not, their mother isn't "there for them."
- Jose' and Juan often are unprepared for school. Their lack of clothes, field trip money, supplies, and even lack of homework have given the school the impression that Rosa isn't involved. The boys are constantly in trouble and there is no follow through at home. Both boys are being tested for ADHD and Learning Disabilities.

Informal Support System:

- Rosa's relationship within "the system" has caused a great deal of resentment. No one seems to follow through for her and the high turnover rate of staff at different agencies means she never knows whom she'll deal with next. She can't keep track of whom she says what to.
- Her neighbor, Mrs. Rodriguez, helps out only in extreme emergencies, but says she "can't manage the boys' behaviors."
- Rosa has a large extended family. They all live in the neighborhood for the most part. Rosa worries about her youngest brother who may be involved in a gang. If she is close to anyone, it is her older sister, Lupe (when they are on "talking terms"). Rosa's own family has been on welfare on and off over many years and have no financial resources to help her.

Transportation:

- The family relies solely on public transportation and rides from others when available.

Child Care:

- Rosa receives 8 hours of nursing care for Maria each week.
- At times her other children are cared for by her older neighbor, Mrs. Rodriguez. Rosa feels she cannot leave Maria in anyone else's care.

Emotional Impact:

- Rosa has struggled on and off with depression. Most of the time, she feels isolated and overwhelmed. She often thinks about taking time for herself, but her children always seem to need her.
- Rosa has not been able to sustain a relationship with anyone. She no longer keeps in contact with any of her friends.
- Rosa, at times, drinks too much. She realizes this, but can't seem to stop.

Family Functioning

- Cerebral Palsy
- Difficulty communicating with people outside the family in an effective manner. May appear aggressive.
- She may be dealing with an AODA issue and depression.
- Rosa is fierce in her support of Maria and her boys.

Family B

Parents/Adults in Home: Peggy – 37 (mother), Peter – 40 (mother's boyfriend)

Children: Cassie – 17, Chuck – 15 (*special education classes, ADHD*)

Progression of the Child's Special Need:

- Chuck has struggled in school for many years. Peggy has worked closely with the special education teachers, but something always got in the way of making progress.
- Just recently, Chuck was diagnosed with ADHD. If Chuck takes his medication (3x/daily), he does well in school. If not, things can get extremely disruptive.
- When Chuck is not taking his medication, his disruptive behavior has begun to turn violent against the other students. During these times, Peggy has been called to the school to pick Chuck up.
- Peggy had been providing for herself and her children. However, she recently lost her job due to the many absences she had to take to get Chuck at school.
- Chuck needs to take his medication with food. Recently, there hasn't always been food in the house for breakfast, or to pack a lunch for Chuck.
- Chuck doesn't like taking his medication and sometimes spits it out when Peggy or Cassie aren't looking. He knows he behaves better when he takes it, but he just doesn't like it.

Financial Assistance and Social Services:

- **Parent Employment:** Prior to Peggy's recent job loss, she was employed as a clerk at a local grocery store. Between her salary and food stamps, she was able to support her family.
- **Medical Insurance:** Peggy was receiving medical insurance from the company, as well as Medicaid for the children. Now she no longer is eligible for any medical benefits from her company.
- **W-2:** Peggy is applying for W-2.
- **Special Education:** Chuck has an Individual Education Plan, and is working with a team of special education teachers at the school.

Siblings:

- Peggy does her best around the house, but since Peter moved in and Chuck's incidents have increased, Cassie has taken on the role of caretaker of Chuck. She has always tried to help her brother in school, but now feels overwhelmed with the disruptive behavior at both school and at home. Cassie is missing school and has quit all extracurricular activities, including track, where she was excelling.
- Chuck wants his mom to be working again, and he wants Peter out of the house. He thinks his life was much better before, and he wants things to go back to the way they were.

Support System:

- Peter has been helpful to Peggy, helping to support her and the kids. However, even as Peggy sees him as a necessary support system, Chuck doesn't think so, and they don't get along at all.
- Peggy's church provides spiritual support. Peggy enjoyed her time at the church and at church functions. Peter doesn't seem as interested in church, and since his arrival in the home, Peggy hasn't been going as often.
- Chuck likes going to church because there are nice people there who don't make fun of him or call him names.

Child Care/Education:

- Cassie is a good student and athlete, but recently has missed a significant amount of school. She has started falling behind in many subjects because she misses school and doesn't have time for homework. Her teachers and coach are concerned she is jeopardizing her future in her last year of high school.
- Chuck is in a special education class. When he takes his medication, he appears to be doing well. When he doesn't take his medication, his behavior escalates to the point of having to remove him from class.

Emotional Impact:

- Chuck is not dealing well with his mother's decision to have Peter move in with them. He is not taking his medication, and is fighting with Peter when they are both at home.
- Peggy is having trouble dealing with her own issues (particularly losing her job) and doesn't know what to do about Peter and Chuck. She needs Peter there to help, but knows Peter's presence is having a negative impact on Chuck.
- Cassie doesn't know if or when her mom will find another job. They are running out of money, and taking care of Chuck is harder than it has ever been. She just wishes they could have their old life back where she can go to school and be on the track team.
- Cassie was active in her church's youth group, but has not found time to go recently. Cassie misses these activities.

Family Functioning:

- Since she lost her job, Peggy has periods of depression. She is still optimistic that she will find work again, but worries what will happen if she can't.
- Cassie is taking on too many parenting responsibilities (including making sure Chuck takes his medication, and catches the school bus), at the expense of her own schooling and activities.

Family C

Parents: Marty—38—single

Children: *Michael*—5 (*has Down's Syndrome*), Emily—3

Progression of the Child's Health or Illness:

- **Newborn:** Michael was a fairly easy baby to care for. He did, however, have some difficulty learning how to suck from a bottle. Through support from the Public Health Nurses, Marty, Michael's mom, found a nipple to fit the child's bottle that allowed him more ease in sucking.
- **1 month old:** Michael became ill and was checked for spinal meningitis. The testing came through as normal and Michael recovered from his illness. During that same month, Michael's family physician referred Marty to a pediatrician because it was suspected that Michael had Down's syndrome. Blood tests confirmed the diagnosis.
- **2 months old:** Marty had to take Michael to see many specialists, including a Cardiologist, an Ophthalmologist, and an Ear, Nose, and Throat doctor. His constant medical appointments were very difficult for her.
- **1 year old:** Michael's doctor found a heart defect, as is common with children with Down's syndrome. He had open-heart surgery to correct the Ventricular Septal Defect or hole in his heart.
- **5 years old:** Marty has had many challenges with Michael's health. He recently developed pneumonia, for which he was hospitalized 11 days. Marty's aunt and uncle had to drive her to Children's Hospital (135 miles away), where she stayed for the 11 days.

Finances and Services:

- **SSI:** Due to the family's non-existent income, as well as the severity of Michael's needs, they are eligible for assistance through SSI. The family receives \$340.00 per month.
- **Medicaid:** MA has been covering most medical costs. However, recently Michael has stopped making much progress with the Physical Therapy Services. Therefore, MA has denied coverage of the service. Marty does not know what to do, and she has no idea about how to start an appeal.
- **Family Support Program:** When Michael was a year old, Marty applied for the Family Support Program, but that Program has a four-year waiting list. The good news is that Michael is getting closer to the top of the list.
- **Children with Special Health Care Needs Organization:** Marty was interested in applying for assistance through the Children with Special Health Care Needs Organization; however, she is discouraged by the amount of paperwork and the length of time it takes to be approved for this support system.
- **Birth to Three Program:** Michael was involved with the Birth to Three Program from birth to age three. He received Physical Therapy, Speech Therapy, Occupational Therapy, and Special Instruction Services, as well as Service Coordination. These services were provided in the home, as Marty had no way to get him to appointments.
- **Early Childhood Program:** Before Michael's third birthday, he was referred to the Early Childhood Program through his local School District. The transition to the Early Childhood Program was fairly smooth; however, the family was concerned about issues regarding transporting Michael.
- **Parent employment:** Due to the severity of Michael's needs, as well as his fluctuating health status, Marty has not been able to hold a job. Oftentimes, she has been hired, but would be called away for Michael's medical appointments.

Siblings:

- Marty oftentimes feels overwhelmed because of the responsibility of taking care of two children.
- Emily often seeks her mom's attention by acting out and demanding time with her.
- Marty lacks the skills needed to discipline Emily and often ends up yelling at both of the children.
- Marty feels happy and relieved when Emily and Michael play outside together.

Support System:

- Marty and Michael live with Marty's aunt and uncle on the family farm. Marty's aunt and uncle have been very supportive about taking Michael to all his doctor's appointments, as well as helping them out with money for things like groceries when they lived on their own.
- Marty's aunt and uncle are, however, getting a little irritated that Marty is not able give them any money for rent or the phone bills. The phone bills are extremely high because of all the calls to Milwaukee (Children's Hospital).
- Marty's mother and father are divorced, and she no longer has contact with her father.
- Marty's mother currently lives about 30 miles away; however, she has some emotional problems and Marty does not keep in contact with her.
- Marty enjoys living with her aunt and uncle because they do a lot of the basic care taking of Michael. She would, however, like to be on her own, but is unable to afford rent and utilities. In the past, she has had trouble with paying her bills and has been kicked out of many apartments.

Child Care:

- Michael attends the Early Childhood Program at his local School District.
- The Early Childhood teacher is very supportive and often makes home visits to show Marty what they are working on at school. Marty appreciates having someone else to talk to, especially someone that understands her child's needs.
- Marty went through a difficult time with the Therapist who worked at the school previously. The Therapist was unfamiliar with Michael and felt that Marty used unnecessary restraint on him. Abuse claims were filed. Marty felt like she was defending herself all the time.

Emotional Impact:

- Marty had a difficult time telling her family members about Michael's diagnosis. She worries that maybe she did something wrong when she was pregnant with Michael.
- Marty felt overwhelmed as she had a hard time understanding all of Michael's needs. She has been on a roller coaster ride ever since the diagnosis. Marty was a young mother, who had little knowledge of child development and parenting a child with special needs.
- Marty is exhausted, as she is caring for two children.
- Marty just found out that she is pregnant with another baby. She is afraid to tell her aunt and uncle because she feels they won't be as supportive if they find out she is pregnant again.
- Marty feels depressed, especially with her inability to hold a job for more than a month. Marty's aunt feels that she should look into seeing a counselor to deal with her feelings of guilt and inadequacy.

Family Functioning: Down's Syndrome

- Siblings are experiencing difficulties that disrupt the family's functioning.
- There is a possibility of lower cognitive functioning with Mom.
- Mom has poor decision-making skills.
- Mom would prefer not to have complete responsibility for her children.

Family D

Parents: Kathy – 35, Dave – 38 (recently released from jail)

Children: *Jill – 16 (truancy/juvenile probation, may be pregnant), Sam – 8 (special education)*

Progression of the Special Need:

- Child welfare involvement – Kathy court ordered to attend parenting classes and to attend a 12-step program. CPS removed both of the children during a previous domestic violence and substance abuse incident, but both were moved back in the home while Dave was in jail and Kathy was following the court order.
- Jill’s dad is not in the picture. Her dad lives in another state, doesn’t pay child support, and has no contact with the family.
- At first, Jill would just run away when Dave got crazy. Once she was gone for two weeks. When she was found, the judge called her a “minor out of control” and put her on juvenile probation.
- Jill starting to miss more and more school to escape home issues and spend time with her boyfriend. Jill definitely does NOT want Dave back in the house.
- Jill has missed more and more school to be with her boyfriend. She feels safe with him; he takes care of her.
- Sam is in special education and is exhibiting hostile behaviors; he definitely wants Dave to move back in.
- Sam is repeating second grade, so is physically bigger than most of his class. This appears to exacerbate his tendency to solve all his problems using physical force.
- Dave is using Sam to help argue his case to move back into the home. Sam wants him to move back, but has admitted it was more peaceful in the house when Dave was in jail.

Financial Assistance and Social Services:

- **Parent Employment:** Kathy works part time. Her mother, Orna, is available to provide child care and emotional support as needed.
- **Medical Insurance:** Kathy currently receives Medicaid.
- **W-2:** Kathy has a W-2 case manager, and is receiving a partial W-2 payment.
- **WIA:** Jill’s teacher referred her to the WIA youth program for possible assistance.
- **General:** Kathy receives FoodShare, which, in addition to her partial W-2 payment and paycheck, is just getting her by. Her mother, Orna, sometimes helps out financially, but she has limited income. Her only source of income is Social Security.

Siblings:

- Kathy feels overwhelmed with the responsibility of trying to be there for her children, and fulfill all of her own responsibilities to the programs she is involved in.
- Jill is scared of Dave and doesn’t want him to return to the house. If he does, she will run away again.
- Sam wants Dave to come back and live with them, but feels something isn’t right because his mom and sister and grandmother don’t want Dave to come back.

Support System:

- Kathy's been going to a domestic violence support group, and has a safety plan in place.
- Kathy goes to AA, and is currently recovering.
- Kathy has a child welfare case worker; this worker identified Jill's feelings of being overwhelmed and of working with too many case workers ("I've got about 100 of them"), and offered to schedule a family-centered meeting.
- Grandma Orna is an important support to everyone in the family.

Child Care/Education:

- Jill only goes to school when she "feels like it."
- Sam is in second grade. He is repeating this grade because he missed so much school the previous year.
- Sam's grandmother, Orna, volunteers at his school frequently, which Sam really enjoys.
- After school, Sam usually is with his grandmother, but Jill is basically unsupervised and does whatever she wants. After school Kathy, is either working or attending one of her many appointments or meetings.

Emotional Impact:

- Kathy was managing to deal with both Jill's and Sam's issues (as well as her own), but is now struggling because of the reappearance of Dave. Kathy waffles between letting Dave back in the home to help her out, and the negative impact Dave's presence may have.
- Kathy is not sure what Jill will do with Dave out of jail. Kathy is not sure how to help Jill, but knows she doesn't want her spending more time with her boyfriend.
- Orna, Kathy's mother, has supported Kathy through thick and thin. Orna does not think Dave is good for her daughter, and does not want him to return to the home. This conflict adds to Kathy's uncertainty about what to do.
- Kathy loves her children and will do whatever it takes to keep them safe – and with her.

Family Functioning: Truancy/Juvenile Probation and Special Education

- Kathy has been maintaining a precarious balance between her children's needs and her own. Dave's potential return to the home has upset that balance.
- Support from Kathy's mother is a positive element in all their lives.
- Jill may be on the edge of moving from a teenager in trouble to a teenager making decisions that have long term impacts on her and her family.
- Dave's release from jail has added to Sam's issues at school.