Services To Mentally Retarded Children And Their Parents

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AN ATTEMPT WAS MADE to assess the social services given in terms of how they served the best interests of the child, and enabled the parents to bear the burden of a mentally retarded child yet function at their own highest level.

Twenty cases were selected from the file of closed cases of the Department of Social Work. Case material, both social and medical, was obtained from the medical records. The whereabouts of the child and the parents’ evaluation of the service given by the social worker were ascertained.

Due to the emotional and social problems which a mentally retarded child presents, a referral to the Department of Social Work is urgently indicated when a diagnosis of mental retardation is made. Not all parents will want or be able to use the services of a social worker, however the opportunity to avail themselves of this professional service should be offered to parents in this difficult situation.

Casework services given to the sample group tended to heavily reinforce the medical recommendations. The majority of the medical recommendations were for institutional placement and the two largest service categories centered around accomplishing this. The physician is usually quite firm in his recommendations for institutional care, yet the institutions in Michigan cannot possibly admit these children without a waiting period which runs into two years. It appeared that families could benefit by advice from social agencies during this waiting period, and during this period most families did not have contact with a social agency. It was found that most families reached by a call during this period were eager and grateful for a chance to discuss their current problems related to their child.

It is during this waiting period that concrete services such as homemakers, responsible baby sitters, camps, nursery schools, help with transportation, and financial assistance can be of the greatest help, particularly to the mother of the child. If these

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services are available in the community many of these children need not be institution­alized at all. If a family, for whatever reason, cannot or does not wish to institutionalize their child despite the medical recommendation, and no neglect is present, the responsible and mature social worker can retain her identification with the medical recommen­dation and still provide emotional support and concrete services which will lighten the every day care problem.

A cultural precedent exists which is reinforced by most doctors that a mongoloid child is an institutional child. Because the diagnosis of mongolism can often be made within hours of birth these children are often committed at a very young age. They are also often placed in nursing homes while awaiting admission to one of the state facilities. These children are seldom given a chance to indicate their potential in a home situation for any period of time. It is the feeling of institutional administrators and professional staff, reinforced by recent research, that many mongoloid children can function adequately in the community and can benefit greatly from a home living situation.

It must be recognized that the professional staff of the state institutions evaluate referrals for institutional care and place emphasis on care with the family if at all possible. Thus many parents who have decided to institutionalize their children and have filed commitment papers, change their plans after seeing personnel connected with these institutions. It must also be recognized that many severely damaged children are enabled, due to advances in medical science, to survive for many years in a totally dependent state.

The solution to the problem of service for this population group appears to lie with­in the community, not through the building of larger institutions to house the mentally retarded, but in developing more community resources to serve both the child and his family within the community.

CASEWORK SERVICES

I Casework Counseling Services
a. Concerning decision to institutionalize ............................................. 4
b. Family or individual problems .......................................................... 4
c. Guidance, support, clarification ...................................................... 12

II Concrete Services
a. Information about commitment, institutions, special schooling .............. 13
b. Provision of financial assistance ....................................................... 6
c. Coordination of medical care ............................................................. 4
d. Plan for nursing care ................................................................. 4
e. Referral to other social agencies ...................................................... 3