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EXPLORING THE EFFECTS OF COMMUNITY RESOURCES ON CLIENT PROGRESS IN CASE PLANNING AS ASSESSED BY SOCIAL WORKERS IN CHILDREN AND FAMILY SERVICES

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EXPLORING THE EFFECTS OF COMMUNITY RESOURCES ON CLIENT
PROGRESS IN CASE PLANNING AS ASSESSED BY SOCIAL WORKERS IN
CHILDREN AND FAMILY SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Desiree Violet Prendergast

Mary Carmen Perez

June 2018

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ABSTRACT

The research study explored the impact of community resources has on client progress in their case plans as assessed by social workers in Child Welfare Services. The study site was at the Children and Family Services Agency in Central California. The data was gathered using face-to-face interviews with social workers by using a prepared interview guide, which was later transcribed for data analysis utilizing axial, and selective coding. During the Data analysis the researchers found two major themes that have an influence in the clients' case progression and they include the following: 1.) barriers towards case plan progression and 2.) key elements to case plan progression. The termination of the study included the preparation of the study findings and was presented to the gatekeepers of the research site.

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CHAPTER ONE

ASSESSMENT

Introduction

This chapter explores the effects of limited community resources have on the client's progress in their case plans developed by Children and Family Services. This study was guided by utilizing the post positivist paradigm, which allowed for the researchers to present the themes identified in the study to the gatekeepers of Children and Family Services. Community Development Theory is the theoretical orientation that this research project was based on. This chapter also includes a literature review and a discussion of this study's potential contributions to both micro and macro social work practice.

Research Focus

The focus of this research study was to gather information on how limited community resources affect client's progress in their case plans as assessed by their social workers in Children and Family Services. Community resources are outside providers which offer services that Children and Family Services Social Workers utilize in their client's case plan such as drug recovery programs, parenting classes and housing services. However, the community resources at times are limited due to a lack of funding, availability, and long wait lists. The research impact focused on that of the client progression through their case plan as assessed by the social worker in Children and Family Services. The purpose

of this study is to bring attention to the lack of available community resources for Children and Family Services clients and to motivate a change within the community to revitalize the community resources being offered.

According to the Human Services Agency (2017), Child Protective Services (CPS) is a hotline which mandated reporters, such as police, teachers, clinicians, therapists, and medical staff are required to call to make a report if they suspect child abuse or neglect is occurring. The Child Protective Services hotline also receives phone calls from anonymous callers, such as a concerned parent, relative, neighbor, or anyone else in the community. The Child Protective Services social workers determine if the report has sufficient information to initiate an investigation. If an investigation is warranted, the case is referred to a Children and Family Services (CFS) Social Worker, who will then complete an investigation.

According to the Human Services Agency, *Introduction to children and family services* training manual (n.d.) and *Family preservation program FAQs* training handouts (n.d.), Children and Family Services is the agency that investigates child abuse or neglect. In the case that the social workers investigation is unfounded, the investigation is closed and no additional steps are required. If the social worker finds that the claims are substantiated, the social worker is required determine which unit of CFS best fits to the family's needs, such as family maintenance, family preservation and family reunification. Once

the family is assigned to a unit the social worker is to develop a case plan for the family.

As noted in the Human Services Agency, *Introduction to children and family services* training manual (n.d.) and *Family preservation program FAQs* training handouts (n.d.) the case plan consists of objectives and goals that the children's parents must meet. The intent of doing so is to keep the child in the home with the parent or, if the child was removed from the home during the investigation, return the child back to the home with the parents. Services implemented by CFS Social Workers are typically mandated. The case plan will call for the parents to participate in drug recovery programs, if the initial concern was related to substance abuse. The parent can be instructed to participate in parenting classes to help address any child neglect or abuse concerns. They will also be asked to find suitable housing if their current housing situation is unsafe or if they are homeless.

Lastly, the Human Services Agency, *Introduction to children and family services* training manual (n.d.) and *Family preservation program FAQs* training handouts (n.d.) states that progress in a case plan is measured by the parent's ability to engage and participate in programs specified in their case plans. Progress is measured when the parents are able to participate in a drug recovery program and utilize their new learned skills to reduce and/or stop substance abuse. When instructed to participate in parenting classes, progress is measured by the parent's ability to discuss what they have learned in the classes and their

ability to utilize their new skills with their children while understanding the importance of healthy parenting methods, clean clothes, good hygiene, nutrition and having a safe and healthy home environment. When clients are not able to utilize these resources, they are not able to learn new skills and begin their recovery. If the clients are not actively participating in the required programs, they are not able to make progress in their case plan, which puts them in jeopardy of losing their parental rights. In contrast, if the clients are successful in using the offered programs, they will be able to maintain their children in the home and close their case plan successfully. Therefore, this project studied the effects of limited community resources on client progress in case planning as assessed by the Children and Family Services Social Worker.

Paradigm and Rationale for Chosen Paradigm

The paradigm guiding the present study is Post-Positivism Theory. Post-Positivism theory argues that perceptions and observation are not always accurate and the best approach to understanding a concept is to look at the different observations by placing one's biases aside (Morris, 2006). The researchers gathered data on the Children and Family Services client's experiences as assessed by their social workers and established themes regarding their progression in their case plans. The data was gathered from various social workers with diverse backgrounds. Post-positivism is designed to utilize other individual's observations and perceptions in order to improve objectivity from the community. This study gathered data from the CFS Social

Workers regarding the effect of community resources have in their client's class plans. Post-Positives accepts that theories, knowledge, background and the value of the research can influence the observations. The researchers accepted the findings and the knowledge gained from the data and presented it to the gatekeepers in order to promote awareness and encourage change and encourage the gatekeepers to recondition their services.

Literature Review

Introduction

Parents involved with Children and Family Services at times lack skills which can lead to child neglect or abuse. In most cases, parents involved with CFS have mental health problems, substance abuse problems, or have a difficulty paying for basic necessities and housing (Barth, et al., 2005). According to a research study by Maguire-Jack and Negash (2016), it was found that clients involved with Child Protective Services have difficulty accessing community resources, such as parenting classes, drug treatment programs and housing services, to assist them with their case plans objectives and goals. Their research showed that themes emerge among the social workers interviewed, and they have identified the barriers to be related to transportation issues, waiting list, cost of the programs, and the availability of programs in the regions in which clients are connected to. Additionally, they found that those parents who are able to access maltreatment programs, drug prevention treatment and housing services, have a decrease in being re-referred to Children and Family Services.

Parenting Classes

According to the U.S. Department of Health (2005), about 448,000 parents whose CFS cases were closed had received parenting classes which were arranged or referred by the CFS Social Worker. These parenting classes were either directly from the Children and Family Services or referred to a third party provider, in an effort to reunify families or retain the children in the home (Barth et al., 2005). Parents face an abundance of stressors and some lack appropriate parenting skills, which can lead to child abuse and neglect. According to Maguire-Jack and Negash (2015), child maltreatment often is associated with developmental delays, disturbed peer relationships, low self-esteem, psychiatric disorders, aggressive and antisocial behaviors, and difficulty with interacting with others. Parenting classes are designed to identify parenting problems, teaching new parenting skills to parents, applying the learned skills with their children, and providing feedback to the parent when utilizing their new skills. The nature of the parenting classes is to teach sufficient skills and coping mechanism to keep families from crisis and have strong parenting skills (Barth, et al., 2005).

Drug Treatment Programs

Substance abuse poses significant risk to children's well-being. When parents use drugs or alcohol they are likely to put their children's safety at risk and maltreat their children (Chuang, Wells, Bellettiere, & Cross, 2013). Drug treatment programs are designed to identify the severity, complexity, and chronicity of the substance abuse to determine the level of care needed for the

client. Substance abuse treatment programs then design their own case plans tailored to the client's level of care which include medications, counseling services, and family and patient education in identifying relapse and morbidity. The programs focus on improving the client's functioning and health by providing the client with skills to help prevent the use of any addictive substances to prevent relapse and achieve recovery (DuPont, Compton, & McLellan, 2015).

Housing Services

A study conducted by Fowler et al. (2013) found that problems with suitable housing increase the risk of children being placed in foster care. In many cases, families connected to Children and Family Services are referred to programs such as the Department of Housing and Urban Development or Housing Choice Vouchers. In some cases the families are referred to emergency shelters or transitional housing programs to help them obtain suitable housing for their family. These services aspire to assist families in locating immediate housing to meet their needs. Families that receive housing assistance have a smaller risk of becoming homeless in the future (Fowler et al., 2013).

Barriers

According to a study conducted Maguire-Jack and Negash (2015), Child Protective Services clients face barriers in regards to accessing maltreatment prevention programs due to an overall lack of available services in their county. It was specifically noted that the struggle of cost of services, lack of transportation, and long waiting lists can affect their access. In a second study conducted by

Marx, Hirozawa, Soskolne, Liu, and Katz (2001), social workers faced similar barriers, in addition to inconvenient hours and location, travel time, difficulty scheduling, and office waiting time. The researchers found that about 54% of the clients had one unmet service. The researchers found that those whose living situation was unstable may not have telephones or addresses where they can receive information related to the services needed.

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Conclusion

Based on the research, it has been identified that the accessibility of community resources is imperative to clients' progression in their case plans and overall improvement of their level of functioning. It was found that the availability of social services is a neighborhood characteristic that could potentially serve as

a protective factor for families and children. According to Palusci and Ondersma (2012), in comparison to the families who did not receive referrals, those who did showed a 54% reduction in recidivism (as cited in Maguire-Jack, 2015, p. 154). Research has found that increased housing and services were associated with decreased referrals to child welfare services (Maguire-Jack & Negash, 2016). The ability for parents to complete the goals and objectives assigned on their case plans allows for their cases to be closed successfully (Barth et al., 2005). In cases where parents were re-entered to CFS care, it was identified to be attributable to poor parenting skills and service needs being unmet. It was found that the necessary services were not being provided because they were either unavailable or the families did not qualify for the programs (Alpert, 2005). Families who are involved with CFS obtain the opportunity to be engaged in services which offer support as specified by the social worker. The social worker identifies their needs and establishes a case plan that refers the parents to appropriate community resources. When the parents utilize those services, the children are less likely to re-experience maltreatment (Chuang, Wells, Bellettiere, & Cross, 2013).

Theoretical Orientation

The theoretical orientation of this study was grounded in Community Development Theory. Community Development Theory is defined as the employment of community structures to address social needs and empower groups of people (Mendes, 2008). Community Development Theory is the most

appropriate theory for social workers seeking change for clients and the community in which they live in. It focuses on the importance of oppressed people in the process of overcoming social problems (Tan, 2009). The strategies of Community Development are described as distributive, participative, and human development. It is used as a framework for collective problem solving, self-help, and empowerment (Schiele, 2005). According to Payne (2005), other theories have used community development as “a process of assimilating oppressed, resource-poor communities into the... model of success” (as cited in Tan, 2009, p. 3). It has been shown that these community-based interventions, which focus on the strengths of communities and individuals, are more effective in addressing needs than individual interventions (Mendes, 2008). This highlights the importance of addressing issues at a communal level as opposed to solely an individualized level.

Proposed Contribution of Study to Micro and Macro Social Work Practice

The contributions of this research study to micro social work practice includes a social worker’s increased ability to advocate for clients while promoting the progression of clients’ case plan and goal attainment. It also helped clients gain knowledge with the services provided while improving their quality of life and current level of functioning. The contributions of the study to macro social work practice includes an increase of awareness for the lack of availability resources at a community level. This awareness can result in an

increase in appropriate services offered to clients which can lead to an overall improvement in the progression of their case plan. It may be found that social work agencies are unable to serve clients effectively when community services are lacking or when the social worker is unable to connect the client with the appropriate resources.

Summary

This chapter provides a review of literature around the issue of limited community resources and how this affects a clients' progression in their case plan with Children and Family Services. By approaching this research using a post positive paradigm, it allowed for the researchers to educate the gatekeepers, and social workers regarding how limited community resources prevent clients from making progress in their case plans. Community Development Theory is the theoretical orientation that this research project was based on. The chapter also included a literature review which addressed the topics to be explored during the interviews. Lastly, this chapter included potential contributions to both the micro and macro social work practice.

CHAPTER TWO ENGAGEMENT

Introduction

This chapter covers the various study sites and engagement strategies for gatekeepers and research sites. This chapter also addresses the self-preparation that was required of the researchers to adequately understand and serve the participants. Additionally, this chapter addresses possible diversity, ethical, and political issues that were anticipated to possibly arise during the research study. Lastly, this chapter contains the role of technology in the research study.

Study Site

The study site where the research study was completed was the Children and Family Services agency in Central California and the researchers reached out to social workers employed by the agency. The Children and Family Services agency provides various services to parents who struggle to provide a safe environment for their children, and whose children are exposed to neglect or abuse. Children and Family Services Social Workers offer clients support by creating a case plan and identifying goals and objectives. In order for clients to meet their goals and objectives they are referred by the CFS Social Worker to community resources such as drug treatment programs, parenting classes and housing services. The population served by Children and Family Services are families that have been reported to CPS for child abuse or neglect. Most CFS clients are low income families, however, the socio-economic status varies from low income to middle class families. According to the Children and Family

Services database, in January of 2017 the agency served a total of 1,183 families (Human Services Agency, 2017).

Engagement Strategies for Gatekeepers at Research Site

Engagement in the development of the research focus involved social workers whose clients struggled to make progress in their case plan due to a lack of community resources. The researchers provided the gatekeepers with critical information regarding the study and informed them of the intent of the research study, including identifying the barriers and the themes for clients who struggled to make progress in their case plans. The researchers expressed the importance of the study findings to the gatekeepers and how it could help identify areas of improvement with community resources. The researchers provided the gatekeepers with information learned from professional experiences. The key players in the study were social workers who were concerned with the issue discussed above and were interested in improving the resources that are available to their clients. The researchers engaged the social workers by providing information on the purpose of the study and accommodated them by meeting at a location and time of their choice. The researchers notified the social workers that the study was voluntary and could be terminated at any time. The researchers offered a \$5 gift card to Starbucks or Coffee Bean as an incentive to meet but the social workers declined the gift card and continued to participate in the research interview.

Self-Preparation

The researchers prepared for the study by completing a thorough literature review with information on client case plan progress and the effects of limited community resources. The researchers were prepared with a set of formulated questions for the interview. Additionally, the researchers had established relationships with social workers at the study site. The researchers had the necessary materials to take notes, such as pens, pencils, iPads, and a voice recording mechanism. The researchers had the consent form, demographic information sheet, and debriefing sheet organized and ready to handout to the participants at the time of the interview. Furthermore, the researchers had additional copies of the interview guide to follow along with the questionnaire.

Diversity Issues

A diversity issue the researchers were faced with was related to gender, the researchers were able to only gather one male participant. Children and Family Services employs both women and men, but is a smaller number of male social workers (Human Services Agency, 2017). This may be seen as a diversity issue as the study was largely homogenous as it relates to gender diversity. The researchers made a significant effort to include all social workers in the Children and Family Services department and ensure all parties felt included. The researchers did so by sending additional emails to potential male CFS study participants. To which only one of the male potential participants expressed

interest. Another possible diversity issue that the researchers found was the age difference between the researchers and the social workers as some social workers were older or younger which may result in a communication gap or barriers. In order to address the issue, the researchers treated all the participants as equals and approached the interview as a teaching learning process with the participants filling the role of the teacher. It was anticipated that this would encourage the participants to be more engaging while labeling them as the experts in the subject matter. The researchers utilized previous education in regards to cultural diversity and practiced self-awareness in regards to their personal biases to avoid affecting the research study. The researchers also were sensitive to any potential diversity issues and ensure that the participants felt comfortable during the interview.

Ethical Issues

The research participants were not harmed during the study, and confidentiality and anonymity of the social workers were protected throughout the study. The participants were not asked to share identifying information of their clients or themselves. Participants were provided with a consent form prior to their participation in the study, which ensured confidentiality. The researchers safeguarded the recorded interviews, which did not hold any identifying information of the participants. The recorded interviews were stored in a drive only labeled by a number. The transcripts of the interviews did not include any identifying information but instead included numbers to coincide with the

recorded interviews. All the data was saved in a flash drive which only the researchers have access to. The researchers informed the subject of the length of time the interview was expected to take which was anywhere from 30 to 60 minutes. The researchers were open to allow the participants to ask any questions they had regarding the study before the interview began. The researchers did not experience any obstacles with ethical issues related to the participant's clients, as the researchers were not asking for specific client information with the objective of preserving their privacy and confidentiality rights. Throughout the interview, the researchers did not ask for community resources and third party providers names and instead, asked questions in regards to the availability of the third party resources, such as housing, drug resources, and parenting classes.

Political Issues

Political issues faced during the study were related to the paradigm itself. According to the post positivist paradigm, the researchers hold higher power compared to the participant and an intense social engagement between the researchers and participants suggests a partnership. The researchers consulted with the participants but they were able to decide which data best applied and how it was used considering the participants were a sources of data and not collaborators in the study (Morris, 2013). The researchers addressed this by being empathetic and respectful to the participants while treating them like equals. It was not anticipated that there would be any political issues in regards

to this as the researchers had already established a professional relationship with the participants. It was not anticipated that the participants would be fearful of sharing information with the researchers as the researchers were not inquiring about struggles they had faced in their place of employment. Instead, the researchers inquired about the struggles that the social workers face in obtaining community resources for their clients, which are obtained from a third party providers. The results are beneficial to Children and Family Services as they help identify areas of improvement for working together with local community resources in making their services more accessible to their targeted demographic.

The Role of Technology in Engagement

Technology played a significant role in the engagement phase of the study. Initial contact with participants was via email for scheduling purposes and the interview was face to face. The researchers also utilized phone and email contact to reach out to potential study participants whose information had been provided by previous contributors. The researchers used a recording device, as permitted during the interview, which was maintained in a secure location that only the researchers were aware of. Following the completion of the interviews, a laptop was utilized for the data entry phase of the transcriptions. The laptops contained usernames and passwords to preserve the privacy of all participants.

Summary

This chapter covered the various study sites and engagement strategies for gatekeepers at research sites. This chapter also addressed the self-preparation that would be required of the researchers. This chapter addressed the diversity, ethical, and political issues that arose during the research study. This chapter also covered the significant role of technology in the study.

CHAPTER THREE

IMPLEMENTATION

Introduction

In this chapter, the implementation phase of the research study is discussed. The selection of study participants and the methods for doing so are also discussed. The method for gathering data and the phases of data collection are reviewed. The method for recording data and the analysis of this data are discussed. Lastly, the termination and the dissemination plan is reviewed.

Study Participants

The study participants were social workers employed by Children and Family Services in a county in Central California. The agency serves low, medium, and high-income families in the area who are in need of intervention. The families served by the social workers are from a diverse range of ethnicities and varying cultures. According to a study conducted by the Center for Social Services Research School of Social Welfare University of California, Berkeley in the California Child Welfare Indicators Project (2015), it was found that of those clients with open cases 1.5% were Native Americans, 2% Asians, 51.8% Latinos, 23.3% Whites, and 21.4% were Blacks. The researchers sought participants from various departments of Children and Family Services, including Family Preservation, Family Maintenance, and Family Reunification. The social workers varied in education from those holding a Bachelor's to a Master's Degree

(Human Services Agency, 2017.) The social workers' work experience ranged between 6 months to 10 years. The participants consisted of 11 female social workers and one male. Of the 12 participants, six were Caucasian, five were Hispanic, and one was of Asian descent. The social workers roles varied with a commonality in maintaining safety in the home as well as connecting families with community resources as needed, such as assistance with housing, drug programs, and parenting classes. The social workers contact third party providers, such as schools, counseling services, and medical personnel to assess safety issues and concerns. The Children and Family Services agency employs a large number of social workers. It was estimated that there was around 100 or more social workers to select from for the research study (Human Services Agency, 2017).

Selection of Participants

Study participants were selected because of the knowledge they were able to share towards the study, and were treated as partners in data collection process (Morris, 2013). Participant selection was carried out by utilizing purposive sampling to select participants who would provide the most useful data for the study. In particular, the researchers utilized homogeneous sampling to gather a promising sample size. Using this sampling strategy, the researchers selected participants based on their current employment as a Social Worker at Children and Family Services in the specified region. The researchers also utilized snowball sampling to gather more key participants in relation to the study.

The researchers visited the specified locations and asked social workers from related fields for their participation in the study on a volunteer basis. The researchers handed out flyers in-person to potential participants which included an overview of the study, the purpose of the study, and the researcher's contact information. The researchers asked for referrals of other social workers who may have been interested in the study and had similar concerns regarding the issue. When the researchers were unable to contact potential participants in person, they followed up with a phone call and email.

Data Gathering

The present study is a qualitative study and thus data were gathered through interviews with social workers and inquired about their experiences and struggles with accessing third party community resources for their clients. The data gathering process included interviews using skilled questioning, active listening, and focused observation. The interviews contained a mixture of descriptive, structural, and contrast questions in order to gather a thorough data collection (Morris, 2006). The questions were structured and previously approved by the IRB and presented to the gatekeepers from the study site. The researchers gained approval from the gatekeepers, after a presentation with the study details. The questions in the interview guide were aimed at learning of social workers struggles when trying to provide clients with local resources to help make progress in client's case plans. Examples of the interview questions are noted below and the complete Interview Guide is attached to the end of this

paper. The researchers felt that the questions needed to be asked to gain a thorough understanding the process that the social workers are faced when accessing community resources from third party providers to serve their client's case plan needs. The set of questions highlighted both the struggles and successes that the social workers experienced when their client's accessed community resources, while also pinpointing out the potential areas of improvement which were presented to the Children and Family Services Gatekeepers during a staff meeting.

Sample Questions:

1. What feedback do social workers receive from clients about accessing community resources?
2. Overall, how do clients do with their case plan progress? What factors come into play when considering this?
3. Describe the impact that community resources, such as recovery programs, parenting classes, and housing, have on client's progress with their case plans?

The data gathering included a process of recording and transcribing the interviews by the researchers. The researchers utilized their skills in recording, interpreting, summarizing, and synthesizing data (Morris, 2003). The researchers used audio recording during the interview and followed up with a transcription of the interviews. This transcript was recorded in the transcription journal.

Phases of Data Collection

The data collection consisted of face-to-face, personal interviews and the transcription of the qualitative data collected. Following each interview, the researchers completed a review of the data gathered and decided if it was pertinent. The researchers searched for patterns that became apparent during the interviews. The researchers identified these emerging themes and addressed how these were either confirmed or contested by the interview. The researchers discussed and developed ideas that could have assisted in gathering more information that would either confirm or contest these working theories. An ongoing data analysis occurred in which the questions of the interview were continuously explored and reexamined to ensure a complete exploration of the topic (Morris, 2006).

Data Recording

The data recording method used was a voice recording device, which was permitted by the participants. The researchers utilized one journal throughout the study. After all data was gathered the researcher listened to the recorded audio and created a complete transcript on to the transcription journal. The researchers asked a series of demographic questions prior to the interview starting.

Data Analysis

Once the researchers gathered the qualitative data, the data was transcribed verbatim. The data was analyzed by identifying the format in which

information was being shared, utilizing sociocultural knowledge, and determining any inferences that had been made. The researchers analyzed the data in a way that attempted to examine the data being received from the participants. The researchers used a “bottom up” approach as this is an open ended approach which will allowed for a thorough analysis of the data collected. The researchers used open coding, axial coding, and selective coding throughout the analysis (Morris, 2013). The researchers used the narrative text they transcribed in the journals and broke it down into themes during the open coding. As explained by Morris (2006), the researchers broke the narrative text into segments using the themes as a guide and analyzed each segment. The researchers carried out a microanalysis of the data using Microsoft Word. This software assisted them with coding the data. During the axial coding, the researchers connected the categories and created concepts about the relationship between these categories and their elements. During selective coding, the researchers reviewed the categories and their elements and made any adjustments necessary to develop a theory (Morris, 2006).

Termination and Follow Up

During the termination of the study, the researchers provided a thorough summary of their findings to the gatekeeper of the study site. The findings of the study were entered into an easy to follow PowerPoint which easily communicated the findings of the study. The researchers presented their findings in an organized manner to the gatekeepers of the study to ensure that they were able

to fully understand it during a staff meeting. During the interview process a few social workers expressed their interest in their findings of the study, permission was given by the gatekeepers and an email copy of the PowerPoint presentation was sent out to those that expressed interest.

Communication of Findings and Dissemination Plan

The communication of the research study findings contained a presentation, which included a summary of the problem, a summary of analysis, and a summary of the study findings. This was presented via a PowerPoint presentation to the gatekeepers of the study site. Once approved for further presentation, the researchers were placed on the agenda to present their PowerPoint presentation during a Children and Family Services staff meeting. The researchers presented the dissemination plan which included suggestions for applying the research findings in social work practice and highlighted areas in which third party providers can improve the availability of their resources (Morris, 2013).

Summary

In this chapter, the implementation phase of the research study was discussed. The study participant selection and the approach to be used was also discussed. This chapter reviewed the method for gathering data and the phases of data collection. The method for data recording and the anticipated data

analysis was reviewed. Lastly, the termination and dissemination of the research study was discussed.

CHAPTER FOUR

EVALUATION

Introduction

In this chapter the researchers discuss the process of the data analysis and interpretation from the personal communication interviews. As well as the implication and findings for micro and macro social work practice and provide an overview of the sample description.

Sample Description

A total of 12 interviews were conducted. The study sample consisted of 11 female social workers and one male. Of the 12 participants, six were Caucasian, five were Hispanic, and one was Asian descent. Among the social workers, the average time employed by CFS was 3.8 years. The social workers ranged from 26 years old to 52, the average age was 38.3 (See Table 1).

Table 1. Demographics

SW ID	Gender	Race/ Ethnicity	Age	Years with CFS
1	Female	Hispanic	33	6.5
2	Female	Caucasian	40	1
3	Female	Hispanic	40	.5
4	Female	Hispanic	33	3
5	Female	Hispanic	37	2
6	Female	Hispanic	35	10
7	Female	Caucasian	49	6

8	Female	Caucasian	37	4
9	Female	Caucasian	26	5
10	Female	Filipino	52	1.5
11	Female	Caucasian	31	3
12	Male	Caucasian	47	4
Average			38.33	3.87

Data Analysis

Selective, axial, and open coding were used to identify themes to conduct the thematic data analysis. Initially, the unifying theme was either the positive attributes or negative attributes / barriers of community resource availability. Data was analyzed as interviews were completed and patterns/themes were identified. This framework for analysis was utilized consistently across all datasets in a top down approach as is recommended by Morris (2006).

Data Interpretation

Two major themes were identified as influencing the clients' case progression and they include the following: 1.) barriers towards case plan progression and 2.) key elements to case plan progression.

Barriers Towards Case Plan Progression

Within this major theme, identified as, "barriers towards case plan progression", 13 sub themes were identified while analyzing the data gathered from interviews. The 13 subthemes are waitlist, housing, transportation/location,

cost/qualification, collaboration/communication issues, flexibility/scheduling, availability, language, individualized case plan/care, lack of resources for men, lack of client motivation, unqualified care provider/quality of care, and lack of social worker knowledge of community resources. The sub themes are discussed in detail below.

Waitlist. A large portion of the participants expressed concern or frustration related to community resources having extensive and prolonged waitlists as one participant described, “There’s almost always a waitlist” (Participant 12, May 25, 2017). A second participant shared concern with the high demand of community services, “I think the demand is always high and that would be our biggest frustration, we can’t always get our clients in right away. I think once they’re in its pretty good” (Participant 11, May 22, 2017). A social worker shared their perspective on client’s ability to make progress in their case plan, “Looking at the progression of services being able to start them soon as it is really key, especially when we are talking about drug and alcohol services, it’s often times a waitlist inpatient provider for women” (Participant 1, May 4, 2017).

Housing. Additionally, several workers expressed concern over the limited housing resources available in the community. One worker shared, housing is obviously one of the most important because if they don’t have a solid place to live then everything else is like chaotic. Because there’s never enough section 8 vouchers. Rent is too high, they can’t afford it, and they end up living in really sketchy

situations... So it's something that is definitely a need now in (this) county. But these programs are critical not only with their case plans but their hope for the future (Participant 6, May 11, 2017).

Specifically, concern was expressed over the effect that limited housing availability has on a client's case plan progression,

Housing is an issue as well, as it causes families a lot of stress for not having appropriate housing to move into which can hold up their case, and they get discouraged they are not capable of finding that kind of help which I think it impacts the whole case plan (Participant 7, May 18, 2017).

A second worker expressed a similar frustration over the lack of transitional housing available in the community, stating, "Well, easy access to those things could make a huge difference. There's not much for housing, there's a few shelter programs or transitional programs but there's definitely not enough to meet the need" (Participant 8, May 18, 2017).

Transportation/ Location. A common issue that was presented by the participants was issues with transportation and provider locations. One social worker expressed, "I think that's a common issue, it's hard to get to wherever the services are located" (Participant 6, May 11, 2017). A social worker also expressed concern with client's not being able to make progress in their case plan due to the transportation accessibility within the county, "Transportation in this county I think is another barrier because it's not really easy to get around...."

(Participant 10, May 22, 2017). A third social worker discussed the difficulty for clients to get around and complete tasks they are being asked to do in their case plan, “Transportation is a huge barrier. They have to take three buses, or four buses, or five buses, and it takes all day” (Participant 8, May 18, 2017).

Cost/Qualification. A theme discovered during the data analysis phase was the concern with clients not being able to make progress in their case plan due to cost. One social worker addressed concern with cost, “Families will talk about the cost of certain services and how they may not be able to afford them” (Participant 1, May 4, 2017). As expressed by another social worker with a concern with cost, “A lot of the clients are low income or are experiencing financial difficulties so they have trouble finding the time to go and I think that’s a huge barrier because the case plans are overwhelming” (Participant 4, May 11, 2017). An experience was shared by a social worker with undocumented families. The worker expressed concern for their inability to access services due to the cost and not being qualified for services due to their immigration status,

some clients are undocumented, so they can’t get their therapy covered by Medi-Cal because they don’t qualify for Medi-Cal, so they have to pay out of pocket and I did have one client who spent \$60 per session and it was something they had to do for maybe 6 months or so he would really have a hard time with that (Participant 4, May 11, 2017).

There was further concern with client's not being able to make progress in their case plans due the quality for services and their cost, as one social worker stated, "They don't qualify for certain things and that's really difficult because we need to them to have access to this stuff but sometimes they don't qualify" (Participant 4, May 11, 2017).

Collaboration/Communication Issues. Concern was expressed over a lack of overall communication between service providers and clients. One participant relayed this concern, "... if the service providers don't return their calls or take a long time to return their calls, parents feel like they're not important and I think that it sets it up for not going well" (Participant 6, May 11, 2017). One worker mirrored this frustration, stating, "I think that some of the complaints that I've heard is just the difficulties in accessing those services. Maybe leaving messages, not getting calls back, kinda getting the runaround" (Participant 10, May 22, 2017). Additionally, an overall lack of collaboration between service providers and social workers was expressed as a barrier. One worker shared,

We need to be able to talk to therapists and get updates so if somebody is not willing to give me that information then it's gonna be really difficult for me to speak to the progress of that client in a court report (Participant 10, May 22, 2017).

Flexibility/Scheduling. Social workers described the issues of service providers having low flexibility for working families and having continuous scheduling problems. One social worker shared, "Their ability to work with their

work or service schedule, so they might have a conflict having them participate in three services, this service is offered, but the third service offered at the same time as the first” (Participant 1, May 4, 2017). In a separate interview one social worker shared, “It depends a lot on the family and how close the resources are how flexible they are in their scheduling” (Participant 8, May 18, 2017). Lastly, a social worker conveyed concern with client’s not being able to make progress in their case plan due to not being able to meet imperative goals, such as drug testing, as it has been a barrier, according to the social worker,

I think as far as drug testing facilities there’s probably enough, but I think they need to have longer hours. Like I recently had to change one of my clients who live in (another city), there’s two newer facilities that we use, but they close at 3:30 p.m. or 4 p.m. and if they’re working, which is great that they’re working, they can’t go. So I recently had to refer her to a place in (a different city) and it’s hard for her because she takes the bus (Participant 5, May 11, 2017).

Availability. It appeared that the lack of type of services provided in the county appeared to be a concern for social workers, specifically with programs that are not existent in certain cities within the county, one concerned social worker shared,

having one inpatient recovery program for a mom that is coming from (another city) that has to call every week, in the meantime she’s homeless, that really wants to get in but she is still stuck in

(that city) because she's not going to come to west county to wait
(Participant 1, May 4, 2017).

Others mentioned how program size does not meet the need for the community, as they described their experience "Prototypes is a pretty good program it's our inpatient program for moms it's just that it's not big enough, it doesn't meet the need for our community" (Participant 1, May 4, 2017). A final social worker reported issues with client's meeting their goals and making progress due to specific services not being offered, "Perps aren't always allowed in the victim groups. Where do we put them? And how do we provide the support for them? So sometimes they only get offered general counseling to address these, the concerns" (Participant 9, May 22, 2017).

Language. Several workers shared their experience with a lack of resource providers who don't speak a wider variety of languages reflective of the community they serve, most commonly Spanish. One worker stressed, "... they kind of mention that there's nobody that speaks Spanish" (Participant 4, May 11, 2017). Specifically, one worker stressed a lack of language variation in specific programs, "I don't feel there there's sufficient programs that really focus on domestic violence in Spanish" (Participant 1, May 4, 2017).

Individualized Case Plan / Care. During the interviews it became apparent that the social workers being interviewed identified a need for client's case plans to be individualized. A participant shared,

I think we need to be creative as social workers in order to meet the needs of the family, I feel like a one size fits all case plan or type of service all of our case plans should be individualized to meet the needs of the family and adjust as possible when they are not able to meet progress to see why they can't (Participant 1, May 4, 2017).

A second participant described how clients are generally being sent to providers that offer generalized services and pertains to be an obstacle for client's that are in need of individualized services,

Case plans need to be individually tailored, focused, but we are sending them all to the same place, sending all of the (domestic violence) victims to the same place, all the drug abuse to these two places, we are sending all of our parenting to the same place or to these couple places, so being able to find something that really fits and meets them (Participant 1, May 4, 2017).

Lastly, a social worker conferred about their opinion about the level of difficulty case plans are made,

from the beginning when they get their case plan is so confusing to them and then there's so many of these things they have to do, these places they have to be. There's so much busy work that detours from actually learning something so it becomes more of a punishment than an actual education (Participant 2, May 11, 2017).

Lack of Resources for Men. A theme that continued to emerge through the interviews was having minimal to no resources available specifically for men. One social worker conveyed that “There’s not really inpatient, like we have community outreach, one of the churches does like men treatment programs, but there’s just not many resources for males with kids” (Participant 11, May 22, 2017). Another social worker expressed her wishes of services that would be available for men,

there’s A New Start for Moms. I wish there was A New Start for Dads. I wish dads had more available either inpatient treatment facilities or just anything because the focus is just a lot around mom's, the mothers and what we can give them, especially for newborns and infants, but it’s like what do these dad’s get?

(Participant 9, May 22, 2017).

Another social worker shared an issues with men resources, stating “... Treatment for men, if they’re single fathers, if they’re homeless, or need treatment they can’t go to inpatient with little kids. So like Prototypes is for women, they have homeless resources for women, but not for men” (Participant 11, May 22, 2017).

Lack of Client Motivation. A lack of client motivation was also expressed as a barrier for a client’s case plan progress. One worker shared, “.... About half of my clients are using the services and the other half are not ... so they’re not utilizing them at all. Which is a disservice to them because it makes it harder for

them to get their children back” (Participant 5, May 11, 2017). Specifically, one worker reported that this can be an issue in the beginning when a client has less motivation. This worker stated,

It depends on so many things, but I think the beginning is always hard. Clients are always resistant to getting engaged. They don't want to do it, they think they don't need it, they think the services won't teach them anything, so they're usually resistant in the beginning because it's a mandated service (Participant 6, May 11, 2017).

Furthermore, one worker related this lack of motivation to the stages of change:

Stages of change: Are they in denial? Pre-contemplation? Are they in contemplation where they realize there's a problem and they need some help with where to go? Are they in the action stage where they know their problems and they're motivated to make those changes? Pivotal in where they are in any progress for anything. Whether you're talking about substance abuse, domestic violence, CSEC it's all about where they are in their stages of change (Participant 12, May 25, 2017).

Unqualified Care Provider / Quality of Care. Throughout the interviews social workers expressed frustration with the quality of care with community providers. Additionally, there was frustration with providers obtaining unqualified personal. One social worker stated, “.... there's just not enough quality resource

providers out there.... And they don't get paid enough, this is not an easy job, and you have to be passionate about, and if you're not, the quality isn't gonna be there" (Participant 12, May 25, 2017). The social worker continued to explain his concern with providers offering generic services,

Behavioral Health tries but they don't have specially trained technicians. They say they do, but they get trained like we do. They get this two day workshop for special trauma, kids, female sexual assault victims. It's a group, and it's a processing group. We do not have.... anyways, I need to talk about what we have. We have generic resources. That's what we have. That's all we have (Participant 12, May 25, 2017).

Lastly, one social worker explained how unqualified providers and quality of care could affect the clients progress in their case plans, "Unfortunately for families that are involved in our system, not having adequate resources means they are not reunifying, will continue to impact trauma and pain. For some of our families there may not necessarily be other options and avenues" (Participant 1, May 4, 2017).

Lack of Social Worker Knowledge of Community Resources. The last sub-theme identified by the researches that appeared to be a barrier to provide clients with community resources in their community was based on the lack of knowledge the social workers obtained regarding the services available in the community. The social workers were asked, "How do you obtain knowledge of

different types of resources that are available in your community?” The following responses were given:

That you can send clients here and there, but I feel like there’s a disconnect where you kinda just have to ask other community service providers what their experience is if there’s anything out there for this client. Because we have this big list sometimes, but it can be years old, so it’s like if you send a client there you don’t know if it’s still open or not, if they’re still offering services

(Participant 4, May 11, 2017).

Additionally, a social worker responded, “Kind of wish there was an organized place where everything was but it’s all over the place sometimes we have to find it” (Participant 2, May 11, 2017).

Key Elements to Case Plan Progression

During the coding phase the researchers found ten subcategories that appeared to be a pattern of key elements that contributed to client’s making progress towards their case plans. The eight subthemes are: social worker-client relationship, client support network, client motivation/behavior change, service provider collaboration, provider quality of care, individualized case plans, resource accessibility and tailored resources. The sub themes will be addressed below.

Social Worker-Client Relationship. Social workers expressed the importance of the social worker-client relationship in order for client's to make progress in their case plans, as one social worker explained,

I feel like the relationship between the social worker and the family is the key, it's being able to communicate. Trusting that we're both on track for the same goal, the same outcome, and sometimes there's a difference in how that is achieved and I think there is some flexibility in each part as long as it still aligned with what is presented to the court for our case plan (Participant 1, May 4, 2017).

The social worker later added,

I think when you get to work with someone and you have that relationship and that trust is established you allow them to have some setbacks and fail, they are honest about it vs hiding it.... they trust you and trust the process and they trust in begin able to discuss.... now there is more of a collaborative feel to it which is good (Participant 1, May 4, 2017).

Lastly, one social worker referenced the importance of rapport building between clients and social workers, "The rapport and trust that if they're able to go there with their social worker, that's really a theme that we sometimes see, and those are the best moments" (Participant 12, May 25, 2017).

Client Support Network. Another key element that was discovered during the interview process which promoted case progression was the client's support network. One social worker explained that,

The one that stands out the most for me is clients who have family support. Aunts, uncles, grandma, and grandpa who can babysit the children while they work on their case plan. For me, even with reunifying it goes hand and hand. Making progress in your case plan and reunifying families are the ones who have family support (Participant 4, May 11, 2017).

Another social worker added, "They have like one person, their mom, their sister, their social worker, anybody saying "Hey, you know, do this, we can fix this, or this is how you overcome that", you know, it's a lot more helpful" (Participant 6, May 11, 2017). Additionally, one social worker shared, "Having other people who will help them out, support networks, then those are the clients who do the best" (Participant 8, May 18, 2017).

Client Motivation/Behavior Change. A powerful theme that was found in the coding process that assisted client in making progress in their case plan appeared to be related to the client's motivation and their behavior changes. A social worker shared her experience with such theme, "I think for families and for parents who are motivated and really want to gain something from it, they do it regardless how skilled their clinician is or isn't, because they will find a way to achieve or obtain what they need. They will make a personal choice to make it

relevant to their life, it could be a high quality service or not” (Participant 1, May 4, 2017). Another social worker explained,

You’ll see it reflected in the quality of their visit, the ability to have some insights as to what happened, talk about how they can do things differently. You’ll see if they can stabilize their life in some way like finding housing, keep the same phone number for a couple of months, and you’ll see their life start to stabilize (Participant 8, May 18, 2017).

One of the participants conveyed,

it’s not only participating in the services but when we talk to them ask them ‘Ok what did you learn from that? How are you going apply that?’ Because I’ve had people where they did it but you can’t see it. There’s no change. So it’s a behavioral change. So it’s basically talking to them and measuring them, observing it in their visitation (Participant 5, May 11, 2017).

Service Provider Collaboration. Collaboration between the social worker and service provider was stressed to be a key element in the case plan progression. One worker explained, “Talking to the service providers to see if they’re participating. ‘... You don’t have to tell me exactly what they’re talking about, but are they talking to you? Are they asking questions? Do you see that they’re learning things?” (Participant 6, May 11, 2017) Another worker explained how this collaboration between the social worker and service provider can

provide a measurable assessment of how well the client is doing in their case plan, explaining that,

Collaboration with their service providers is the measurable. It's really helpful in terms of providing at least some of the documentation piece to our court of what someone has done, what they need to do, areas of concern, or potential success development (Participant 1, May 4, 2017).

Additionally, one worker expressed that relationship building between the social worker and service provider helps to foster this collaboration. This worker stated, "I think relationship building. I know there's certain therapists that I would.... refer to directly just because I got to know the therapist or service provider and it was just easier to communicate" (Participant 10, May 22, 2017).

Provider Quality of Care. A subsequent theme that developed as a key element to making progress in a client's case plan derived from the quality of care the providers offer. A social worker conveyed their thoughts on the matter,

Some are really good quality, where they understand where the parents are coming from and really know how to work with them.

Other times not so much, but for the most part our third party providers provide good services to our parents (Participant 7, May 18, 2017).

A second social worker discussed their experience with service providers that are invested in providing quality of care services, "So it seems that the more

involved, the more invested the service providers are with the clients, it's going to help the client progress more in their case plan with their services" (Participant 5, May 11, 2017). Additional remarks were shared by a social worker in regards to the matter, "Some of the services like therapy and for the most part substance abuse treatment, the people are professionals, they're helping people in a professional way that's evidence-based and they have skills to help parents. And parents learn from that" (Participant 6, May 11, 2017).

Resource Specialist/Intensive Case Management. One sub theme that stood out to the researchers was in regards to a former position within CFS. A Resource Specialist provided intensive case management services for clients and appeared to be beneficial in assisting clients to make progress towards their case plans goals. One social worker shared their experience with the Resource Specialist,

I know that for a while is that we had somebody on staff that was a resource specialist. So her job was specifically to help engage those families that had barriers accessing services. So that was amazing because I feel that she was successful and she would literally go drive to where they were, pick them up, take them to the appointment. So you know, she would sit with them and fill out forms or whatever they needed help on (Participant 10, May 22, 2017).

Another social worker verbalized their thoughts on the benefits of a small caseload and intensive case management, “A social worker that has a small caseload can provide more intensive case management that contributes to their progress. Which helps stay on top of what they are doing and supporting them in getting their case plan completed” (Participant 7, May 18, 2017). To further address the need of intensive case management services, the social worker expanded on their thoughts,

we also have a lot of case plan providers meeting with the client’s. They have that ability to check in with them and follow up on what it is they need, why they haven't signed up, why they aren’t going to 12 Step Meetings. It's a lot more intense. I think generally they do ok with the case plan progress if you're providing services they need to help them (Participant 7, May 18, 2017).

Individualized Case Plans. Another key element that was explored during the interviews was the benefits of individualized case plans within the agency. Several workers addressed the issue of meeting the clients where they are at. One worker explained, “The more of their basic needs they meet, if they have stable housing, if they have transportation and have enough money for food, and if they get sick they can go to the doctor” (Participant 8, May 18, 2017). Another worker reiterated this concern,

so if they’re using drugs it’s drugs, they have to get clean. So I tell them to focus on your recovery and once you’re clean you can build

on that. You can get sober you can add AA meetings, you can add parenting classes. So definitely the substance abuse treatment when there's drug use, when it's really bad that needs to be the primary thing you focus on at first (Participant 6, May 11, 2017).

Another worker elaborated on this concept exploring the benefits of using behaviorally specific language in the case plan, stating,

I like the way we are going in terms of having behavioral focused (language). It's easy for families to know, "What do I need to do?" I would just tell them some level of language that they can understand versus they will engage in a therapeutic relationship to address trauma (Participant 1, May 4, 2017).

Resource Accessibility. According to the social worker interviews it appeared that the accessibility of resources is imperative to case plan progression. During an interview one social worker shared that, "Bus passes are helpful, they are not perfect but helpful. The in-home programs can remove a lot of barriers even for mental health, high level therapy ... the clinician goes to them and it removes so many barriers" (Participant 8, May 18, 2017). An additional participant shared their thoughts on the accessibility of resources,

I think the services that have worked well for clients from my experience is the in home services. There's a therapy program where individual therapists will meet the clients where they are, which is really nice versus them having to get to an office. The

therapist will go out, so if the clients in an inpatient program, or they're staying here and there, they'll meet them where they are (Participant 10, May 22, 2017).

Subsequently, participant 8 (May, 18, 2017) continued to add on to her thoughts about the sub theme, "We have in-home therapy, we have parenting, and counseling those are the in home programs we have.... The 12 step meetings are good because they are free and all over the place and at a different times."

Tailored Resources. Lastly, a couple social workers addressed the importance of client's being offered resources which are tailored to their specific needs at the time. One worker shared, "... that's a one on one parenting program that I think is nice because it can be tailored specifically to what the parent needs for their children" (Participant 10, May 22, 2017). While another discussed the resources which addressed trauma specific needs, "... the programs are geared really more trauma with parents, especially with the parenting classes, how to have an attachment with the kids.... Oftentimes they are learning how to be a parent if they don't have that positive experience themselves" (Participant 7, May 18, 2017). The specificity of the resources could also be in regards to the clients children's' age group. One worker explained, "There's a parenting program, Parent Project, that is geared towards parents of teenagers. So everyone in the group has a teen and I think that works quite well" (Participant 8, May 18, 2017).

Implications of Findings for Micro and Macro Social Work Practice

From the data gathered during the interviews with the CFS social workers the researchers made an association related to Micro and Macro social work practices.

At a Macro level, it would be beneficial for families involved with CFS to be able to access resources in the community. This county needs to have a centralized online portal where provider information is current and regularly updated allowing social workers to have easily accessible and accurate information for their clients. Additionally, collaboration among service providers and CFS would be beneficial. Building a collaboration between various agencies and CFS would include regular meetings to increase communication, organizational culture, and collaborative work. An ultimate goal would include addressing the difficulty of accessing community resources and creating services that are currently nonexistent, such as a men's inpatient drug treatment services, similar to Prototypes and A New Start for Moms.

The implications at a Micro level include the possibility of extending trauma by delaying reunification due to families not being able to make progress in their case plans caused by a lack of the following: community resources, availability, collaborative work between providers and CFS, and case management. The researchers felt that CFS could benefit from integrating a Resources Specialist to assist both social workers and clients with intensive case

management services to help clients meet their goals as stated in their case plans.

Summary

In this chapter the researchers discussed the two major themes and various subthemes identified during the data analysis phase. The researchers also discussed the data sample set, interpretation of their data, and the Micro and Macro social work practice implications of the study findings.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

In this final chapter the researchers will discuss the plan for termination with the study site and the study participants. The researchers will also discuss their plan to communicate the findings of the study to the study site and study participants. Lastly, the researchers will discuss their plan with the ongoing relationship with the study site and the participants, as well as the dissemination plan.

Termination of Study

The researchers plan to continue the relationship with the study site as the key stakeholders requested a report of the research study findings for data and plan development purposes. After the study findings are shared and discussed with the key stakeholders, the researchers plan to terminate the relationship with the study site. The researchers will terminate the study by thanking the participants and key stakeholders for participating in the study and allowing the researchers to collect data and provide feedback to the site. The researchers will terminate the study following the presentation of their findings due to the completion of the research.

Communicating Findings to Study Site and Study Participants

The findings of the research study will be shared with the key stakeholders and, if requested, a brief presentation will be made to the participants and any interested party. The findings will be presented via a PowerPoint presentation during an All Staff Meeting as requested by the key stakeholders. Additionally, copies of the final report will be made available for those who are interested.

This study was focused on exploring the effects of community resources on client progress in case planning as assessed by the social workers. Two major themes were identified: barriers towards case plan progression and key elements to case plan progression. Within those major themes, the researchers were able to find barriers and key factors that affected a client's progress in their case plans. The researchers identified micro and macro social work practices that CFS could benefit from integrating in their organization, such as increasing collaboration with providers, implementing a Resource Specialist, increasing communication, and creating an organizational culture. The researchers are hopeful that CFS will implement necessary changes in order to assist clients in their case plan progression.

Ongoing Relationship with Study Participants

The relationship with the study participants ended after the completion of the interviews. However, there is to be an ongoing relationship with the study site key stakeholders, as the key stakeholders will utilize the research findings to add

to their own data. Additionally, the researchers will be available for questions or concerns. The researchers will also be available for any future presentations or meetings.

Dissemination Plan

The researchers will present the key stakeholders with the study findings and promote the organization to implement change in order to help clients make progress in their case plans, and ultimately reunify families or prevent child removal from the home. Additionally, the researchers will provide the key stakeholders with evidence and suggest incorporating these findings into macro and micro social work practices (Morris, 2103). Lastly, the researchers will present the study findings at the CSUSB School of Social Work annual Poster Day event which is attended by CSUSB students, administrators, as well as community partners/leaders.

Summary

In this final chapter the termination of the research study and communication of the findings of the study was discussed. Additionally, the ongoing relationships with the study site and the participants was reviewed. Lastly, the dissemination plan was discussed.

APPENDIX A
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the impact of community resource availability on client's progression in their case plans with Children and Family Services in Central California. The study is being conducted by Mary Perez and Desiree Prendergast, under the supervision of assistant professor Erica Lizano, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: To examine the impact of community resources accessibility in client's progression in their case plans

DESCRIPTION: Participants will be asked several questions on the current status of client participating in community resources, referrals, quality of service, and assessing case plan progress.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form and anonymous quotes.

DURATION: It will take 60 to 80 minutes to complete the interview.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Erica Lizano 909-537-5584.

RESULTS: Please contact the ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at the Pfau Library, California State University San Bernardino after September 2018.

I consent to an audio recording of the interview. Yes No

11

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

APPENDIX B
INTERVIEW GUIDE

1. How well do families utilize community resources based on the social workers experience?
2. What feedback do social workers receive from clients about accessing community resources?
3. How do social workers make referrals to community resources specifically with housing, recovery programs, and parenting classes?
4. Describe how clients connect to community resources.
5. How do social workers obtain knowledge of the different types of resources available to clients in their community?
6. Overall, how do clients do with their case plan progress? What factors come into play when considering this?
7. What themes do social workers observe for clients who are able to make progress in their case plan? Please elaborate.
8. Are there additional resources you wish were available in your community? Which resources do you find to be most beneficial that you have access to?
9. Describe the impact that community resources, such as recovery programs, parenting classes, and housing, have on client's progression with their case plans?
10. Specifically, how do social workers measure progress in a client's case plan?

11. Please elaborate on the quality of services received from third party providers.

APPENDIX C
DEBRIEFING STATEMENT

This study you have just completed was designed to investigate the effects of limited community resources on client's progress in their case plans as assessed by the social workers. We are interested in identifying the current themes of barriers that clients face when trying to obtain access community resources. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Erica Lizano at (909) 537-5584. If you would like to obtain a copy of the group results of this study, please contact Dr. Dr. Erica Lizano (email: elizano@csusb.edu) after September 2018.

APPENDIX D
INSTITUTIONAL REVIEW BOARD SUB-COMMITTEE
APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Desiree Prendergast & Mary Perez

Proposal Title: The Effects of Limited Community Resources on Client Progress in Case Planning as Assessed by Social Workers in Child Welfare Services

SW1750

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- Investigators signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments revision
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)



Committee Chair Signature

4/20/2017

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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