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SOCIAL WORKERS' PERCEPTION ON THE NEEDS AND SERVICES FOR FOSTER CHILDREN WITH SPECIAL NEEDS

Jessica Joanna Jimenez
California State University - San Bernardino

Winnie Wing Yang Lee
California State University - San Bernardino

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SOCIAL WORKERS' PERCEPTION ON NEEDS AND SERVICES FOR
FOSTER CHILDREN WITH SPECIAL NEEDS

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

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

by
Jessica Joanna Jimenez
Winnie Wing Yang Lee
June 2019

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Approved by:

Dr. Deirdre Lanesskog, Research Advisor

Dr. Janet Chang, MSW Research Coordinator

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ABSTRACT

Foster children are already at a disadvantage given that they tend to live in a home without their parents. Social workers have direct interactions working with children with special needs, and through interviews with the workers, we aimed to understand whether or not the services available are able to meet foster children's special needs. The research on special needs children in foster care is quite limited. The purpose of the study was to identify social workers' perceptions of the needs of special needs foster children and their access to services.

This study used qualitative interviews with open-ended questions to gather qualitative data from ten social worker participants. The researchers employed thematic analysis techniques to analyze the qualitative data. The themes that emerged from analyzing the data were social workers' challenges in providing services to special needs foster children, social workers' access to services, and the need for institutional support to effectively manage service delivery for special needs foster children. This study found that social workers face challenges in obtaining training for parents and social workers, navigating complex funding processes, managing inconsistent desires between parents and court officials, and dealing with the limited number of capable foster homes. The social workers interviewed identified different tactics that could be implemented in order to improve services for the special needs foster children through changes and improvements within the department. Understanding large-scale policy and practice issues, such as organizational change or resource management, can

lead county agency social workers to advocate for the challenges of special needs children in child welfare.

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Finally, the researchers would like to thank our families and loved ones for supporting us through this academic journey. Our time with you has been limited; however, we are working tirelessly to make you proud by becoming effective social workers.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Foster children are already at a disadvantage given that they tend to live in a home without their parents. Furthermore, some children, or special needs children, in the foster care have pre-existing conditions that make their experience in child welfare much more difficult (Shannon & Tappan, 2011). Medically fragile children require continuous care in order for them to be able to survive and thrive in their daily lives (Rehm, 2002). The caregivers of medically fragile children are under a larger amount of stress and strain, in comparison to a child without medical complications. In addition, there is a lack of research on the population of medically fragile foster children. They are a particularly vulnerable population. If we are able to increase our knowledge on their needs through research, we will assist people in the field of social work to help medically fragile children to thrive and flourish in their environment. Social workers have direct interactions working with children with special needs, and through interviews with the workers; we are able to understand whether or not the services available are able to meet the foster children's special needs.

Children in the foster system do not receive the same level of permanency, stability, and home life as children who are not in child welfare. Children in foster care could be raised by strangers or through a kinship caregiver, but they are not with their own parents. In the United States, there are

approximately 437,465 children in the child welfare system (Child Welfare Information Gateway, 2017). In California alone, there are approximately 62,035 children residing in foster care (Lucile Packard Foundation for Children's Health, 2018). In the United States, the estimated number of children requiring ongoing medical care, related to their unique health needs is around 18 percent and approximately 6.7 percent of children are limited in their daily lives due to chronic medical conditions prohibiting them from daily activities (Rehm, 2002).

According to the Adoption and Foster Care Analysis and Reporting System (AFCARS, 2017), in 2016, more than 4,500 children who entered the welfare system were removed from their home due to circumstances related to their disability. Children with mental or developmental disabilities are more at risk of experiencing sexual, physical, and emotional abuse than children without special needs (Shannon & Tappan, 2011). Therefore, children with special needs are more likely to be enter the child welfare system. Due to the vulnerability of special needs foster children, research would be necessary to identify barriers for services. Through qualitative data gathering from interviews with social workers, we can gather information directly from individuals who directly work with special needs foster children.

In this study, we define special needs foster children as those who are, medically fragile and those with developmental disabilities. Being deemed a medically fragile child means the child will require additional resources and care in order to be able to live day to day like others. Special needs children require

more assistance in many aspects of their lives than children who do not have medical or developmental conditions. For example, medically fragile children may require equipment to ensure they will be able to go to school or to communicate with educators or their peers. Developmental disabilities can impact children's physical and mental development while impacting interpersonal relationships with others. Although children receive additional aid, children may be restricted in activities in school or with peers.

The Social Work Policy Institute (2018) defines a developmental disability as a severe chronic disability of an individual that manifests before the age of 22, is attributable to a combination mental or physical impairment, and results in functional restriction in major life activities, such as self-care, learning, mobility, language comprehension, inability to live independently or maintain economic growth (Social Work Policy Institute [SWPI], 2018). Individuals with developmental disabilities require lifelong, multidisciplinary, and individualized support (SWPI, 2018). "Developmental disabilities often include physical issues such as complications with metabolism and nervous system, degenerative conditions, and issues with sensory input for the child" (SWPI, 2018, p. 1). Usually, conditions are present at birth and are not acquired unless the condition hinders early developmental stages (SWPI, 2018).

This study examines social workers' views about the special needs of foster children in an attempt to identify the procedures in place and services that are lacking to improve care for foster children with special needs. A large gap in

the literature expresses the need for social workers to participate in research studies because their perceptions can lead county agencies to re-evaluate service objectives and incorporate evidence-based interventions to serve vulnerable children in child welfare. Service needs and implementation for foster children with special needs is largely unknown.

Policy Context

According to the Welfare and Institutions Code (WIC) section 16001.9 (2015), all minors and non-minors in foster care have the right to equal access to all attainable services and benefits without experiencing injustice due to the individual's mental or physical disability. This policy asserts that social service agencies must provide adequate care and services to meet the needs of foster children with special needs. Social workers may experience barriers to meeting the needs of their clients because they may be unable to collaborate with all service providers to meet the needs of all children with special needs. Social workers in child welfare may benefit from finding the barriers to treatment and service limitations that special needs foster children experience to provide best practice for their clients. Research in this area can influence social work's mission of providing best practice and enforcing policy to clients.

Social workers who are committed to allocating services for special needs foster children should find early intervention programs and services that meet the needs of their clients (Mahoney & Wiggers, 2007). Public assistance policy and programs are in critical to providing services to disadvantaged foster children, yet

the availability of these programs has steadily decreased in recent years (Social Work Degree Guide [SWDG], 2018). Local and community partnership programs face hardships because members of the community grow to depend on public programs without need; therefore, there are less resources for children most in need (SWDG, 2018). The social work code of ethics (National Association of Social Workers [NASW], 2019) compels social workers to provide high quality services to foster children and their families. In regard to foster children with special needs, social workers are compelled to address not only the child's safety, but also their overall well-being, ensuring their medical needs, health, and development through the use of integrative services. Integrative services can help special needs foster children and their families by improving the delivery system and tailoring services to meet the needs of the individual to successfully promote health and well-being for the client and the family (Hutson, 2004).

Practice Context

The current social work practices being studied are micro level assessments and outcomes for needs and services for foster children in need of medical or developmental resources. Micro level assessments include interviews between the client and the social workers. Social workers inquire and identify which services are needed for the child with special needs. Furthermore, the social worker learn what services are offered in the geographic location of the client. The social worker refer the client to the service provider and ensure that enrollment status for the individual is complete. Social work practice incorporate

assessments that improve screening and improve the referral process (Shannon & Tappan, 2011).

Purpose of the Study

The purpose of the proposed study is to identify social workers' perceptions of the needs and services available to special needs children in child welfare. For the purpose of this study, foster children with special needs include medically fragile children and children with developmental disabilities. Additionally, the proposed study aims to explore the services that are lacking or necessary for children with special needs in foster care. Discussions with current social workers in a Public Child Welfare Agency confirms that parents and caregivers of children with special needs are unaware of programs and services that are available to them.

This problem seeks to address struggles faced by special needs children in their everyday life. The population of foster children have a low graduation rate, and the rate for children with chronic medical disabilities is even lower (Leathers & Testa, 2006).

The researchers of this study employed a qualitative design using face-to-face interviews with 10 social workers in a California county child welfare agency who work with special needs foster children. Specifically, social workers in the Child Welfare Department are interviewed to gain in-depth understanding of critical needs and services for foster children. Interviews with social workers are most appropriate because they engage directly with their clients and acquire

information about their needs and ability to access services. Implications for social work practice and future service referrals will also be discussed.

Significance of the Project for Social Work Practice

The study's findings may help to identify unmet barriers to service access, and potential interventions to improve services for special needs foster children. The solutions could ensure that special needs foster children are able to flourish during their time in the system. For example, increased knowledge on the needs and services for special needs foster children can influence county administrators to incorporate training for social workers to understand the dynamics of special needs children and best practice for working with them. As a result, social workers can make informed decisions when conducting assessments or applying interventions for special needs foster children.

By researching special needs foster children through the people who interact with them, we can establish the issues surrounding their care and seek to address them in the future. This topic is a beneficial area of research for social work practice, because children's service agencies have specialized units dedicated to assisting and providing services for medically fragile foster children. The topic is a delicate subject and there are few studies and literature regarding special needs foster children. In regard to medically fragile foster children, there is even less research on the subject and this population is the most vulnerable in terms of issues impeding their success or, at times, survival.

Research Question

The goal of this project is to examine social workers' perceptions on the needs of special needs foster children. The second goal is to examine access to services for special needs foster children. If appropriate, the study may identify gaps in services and suggest strategies to alleviate those gaps. The results of this study may improve social work practice with vulnerable foster children in child welfare.

CHAPTER TWO

LITURATURE REVIEW

The contents of this chapter will present the existing literature on foster children who are medically fragile or who have developmental disabilities. In general, the research on special needs children in foster care is quite limited. In light of this gap in the literature, this study relies on the general literature on medically fragile children and children with developmental disabilities to inform this study on special needs children in foster care. Additionally, the information learned from previous research studies can help the researchers understand the aspects of policy, political, and social work practice with special needs families. The researchers aim to identify the needs and services that are appropriate for children with special needs.

Medically Fragile Children

Cohen et al. (2011) focused on the development of a framework that included multiple different services. They stated in their study that the number of children being born with chronic medical conditions is increasing, Cohen et al. (2011) believed the cause of the increased prevalence is due to advancements in the medical field, increasing the survival of medically fragile children (Cohen et al., 2011). The framework described includes different services that aim to address the needs of children requiring chronic care. The framework covers four main areas for caring for the child: needs, chronic conditions, functional

limitations, and health care (Cohen et al., 2011). The purpose of the framework is to address the deficiencies that the traditional care system has in catering to the needs of CMC children.

Cohen et al. (2011) noted that the needs aspect of the framework aims to provide families with a system that was accessible in services and information, and empowered the families to be able to self-manage the child's needs. The domain of chronic conditions' goal was to have "ongoing education or support to primary care providers" on the requirements of the child (Cohen et al., 2011). CMC children sometimes require medical technology for the child to function in daily life. The functional limitation domain seeks to address the availability issue of medical technology. The final domain, health care use aims to "prioritize high quality and efficient care" through coordination between the different roles across different providers (Cohen et al., 2011). The goals for the framework were to (1) address needs and services for CMC children and (2) ease the medical transition from adolescent to adulthood. Cohen et al. (2011) concluded with stressing the challenges families and health care providers face, illustrating that traditional care did not suffice for CMC children, and a new framework of operation was needed to ensure proper services will be given and available to CMC children.

Groze, Haines-Simeon, and Barth (1994) focused on the issues surrounding medically fragile children. They broke down the different groups of medically fragile children into drug affected children, and HIV infected children. They found that barriers for medically fragile children to attain permanency

included lack of caregivers who understand their needs, substance abusing biological parents, and lack of medical treatment services while in foster care.

Groze et al. (1994) discussed that permanency, be it in the form of consistency of foster home, or through reunification, was unlikely for the child unless they receive the necessary services and support to meet the child's medical needs.

Groze et al. (1994) note that one change needed for medically fragile foster children was to place them in individual housing instead of group housing, because they required additional care compared to healthy children. They conclude by explaining that they are not seeking to re-evaluate the laws governing services, but rather to help people in the social work field seek different plans of handling and assisting medically fragile foster children.

Lefton-Greif and Arvedson (2008) discussed the difficulty children with complex medical conditions have in a school setting. The medical difficulty they focused on was Dysphagia. Dysphagia is a type of feeding and swallowing deficit (Lefton-Greif & Arvedson, 2008). Lefton-Greif and Arvedson (2008) state in their literature that the incidences of dysphagia increased. Lefton-Greif and Arvedson (2008) found that children who were born prematurely had a greater risk for issues with feeding and swallowing. Lefton-Greif and Arvedson (2008) believed the numbers for dysphagia increased due to the likelihood of premature infants surviving to childhood and adulthood. Lefton-Greif and Arvedson (2008) separated medically fragile children categories into two sub-categories, "children with neurological conditions" and "children with respiratory conditions" (Lefton-

Greif and Arvedson, 2008, p.238). Lefton-Greif and Arvedson (2008) identified disconnects between different areas of the child's lives. The school and caregivers were not collaborating often to understand the child's needs (Lefton-Greif & Arvedson, 2008). Lefton-Greif and Arvedson (2008) concluded with the take away that a "team approach" was what the child needs from the caregivers, school, and medical team in order to properly identify the child's needs and meet them.

Rehm (2002) was concerned with safety and achievement for medically fragile children in a school setting. The study focused on consequences to medically fragile children and their families. Although bills and legislation have been passed in order to provide medically fragile children the same opportunities in education and non-medically fragile, there is a disconnect in the number of children requiring special services in school, and the amount of personnel available to them in the school district (Rehm, 2002). The study conducted by Rehm (2002) seeks to understand the everyday life of the parents and children to establish which areas require change or improvement in order to provide the children with special needs, a thriving school life.

Woodnorth (2004) focused more on children who required surgery or technology in order to thrive each day. The primary medically fragile population Woodnorth (2004) focused on children who require a tracheostomy. A tracheostomy is a procedure that requires an opening on the outside that leads into the trachea in order for the individual to be able to breathe (Woodnorth.

2004). Woodnorth (2004) shared a similar thought to other literature regarding the prevalence of medically fragile children. Woodnorth (2004) addressed the statistics of premature infant's surviving beyond infancy is increasing as years go on. Woodnorth (2004) continued to state the increased survival of premature infants, it is leading to an increase in the medically fragile population of children.

Woodnorth (2004) described in detail the struggle in communication after having a tracheostomy. The struggles in communication with a tracheostomy include, difficulty in producing normal voice volume and speaking for a long period of time (Woodnorth, 2004). There is also a different type of valve for the tracheostomy, but that one does not allow the individual to speak. In order for the child to be able to obtain a speaking valve they are required to obtain medical clearance from an otolaryngologist (Woodnorth, 2004). After the clearance the child is required to have a trial run with the speaking valve while they are around a respiratory therapist or other medical staff members in order to ensure the child is able to breathe properly with the speaking valve (Woodnorth, 2004).

Children with Developmental Disabilities

Shannon and Tappan (2011) conducted a study to identify Child Protective Services' (CPS) ability to investigate intake screening and screening processes when working with children with developmental disabilities. Children with disabilities are 1.5 to 10 times more likely to be maltreated than children who do not identify with a disability (Shannon & Tappan, 2011). They found that CPS could identify children with a developmental disability at the intake process to get

children services they need. Modern CPS systems are not equipped to screen and assess children with developmental disability because they have trouble conducting reliable interviews in the limited time they have when investigating an allegation (Shannon & Tappan, 2011).

Shannon and Tappan (2011) used a purposive sampling technique to interview 33 participants. The participants represented five different groups: caregivers/ foster parents, child welfare administrators, central intake workers, special investigators, and CPS office staff (Shannon & Tappan, 2011). The researchers found that investigating a case that involves a child with a developmental disability is more difficult for several reasons, (1) understanding the guidelines for developmental disabilities can vary from child to child, (2) developmental disabilities influence the screening and assessment process, (3) CPSs system to recognize and evaluate the needs of children with developmental disabilities and their family's needs to improve (Shannon & Tappan, 2011).

Al-Kandari (2014) examined parents' perception of service providers and teachers who work with children with developmental disabilities. Moreover, the researcher identified the attitudes of parents, teachers, and service providers as to the most important services for developmentally disabled children and the differences between the three groups (Al-Kandari, (2014). The researcher asked 120 participants (45 parents, 63 teachers, and 27 service provider employees) to

complete the Family Needs Inventory to identify their views of the most needed services for children with developmental disabilities (Al-Kandari, 2014).

Al-Kandari (2014) found that parents of children with developmental disabilities and professionals in the field view the child's needs differently. The parents' disclosed that the most important needs for their child were emergency services, trainings on how to teach the child, learning to handle the child's behavior, needing more time to talk to the teacher, and identifying service referrals for dentists or appropriate school programs (Al-Kandari, 2014).

Teachers, on the other hand, viewed knowledge on how to play or interact with the child, support from the family, teaching the community about special needs children, and obtaining financial needs for the family with a child with a developmental disability were the most significant needs for the family (Al-Kandari, 2014). Service providers expressed that all needs are important to families with children with developmental disabilities (Al-Kandari, 2014). Al-Kandari (2014) concluded by expressing the need for incorporating the parents of children with developmental disabilities in every step of the treatment process. Engaging parents and children with developmental disabilities in the early stages can lead to significant changes in the child's treatment (Al-Kandari, 2014).

Mahoney and Wiggers (2007) studied the role that parents play in early interventions of children with developmental disabilities. In research studies that did not incorporate parents in the process, there was no reported change in the children's rate of development. In contrast, maternal interactions were

significantly related to their children's developmental advances (Mahoney & Wiggers, 2007). Mahoney and Wiggers (2007) suggested that early intervention is minimally determined by the clinical services that developmentally disabled children receive but determined by the intensity of the parental interaction and role in the setting/ intervention. Social workers are tasked with integrating theories that address the strengths that families play in successful interventions. For example, family systems theory is popular among social workers because service agencies focus on empowering the entire family dynamic (Mahoney & Wiggers, 2007). Social workers can promote success and enhance the services that children with developmental disabilities and by incorporating parents in early intervention strategies (Mahoney & Wiggers, 2007).

Foster children have mental, educational, behavioral, and mental health needs which impede successful transition into independent living (Leathers & Testa, 2006). Leathers and Testa (2006) conducted a study to identify the needs of foster children and the services provided to them. Additionally, the study explored the types of services provided to address the issues of children with special needs and the likelihood that services will continue past the age of 18 (Leathers & Testa, 2006). Children with special needs were classified as having one of the following: "a developmental disability, mental health disorder, medical or physical disability, pregnancy or parenting special needs, and/or substance abuse or dependency" (Leathers & Testa, 2006, p. 469). The researchers asked

caseworkers to complete a six-page Older Ward Status Report on 416 children who were 17 years old.

Leathers and Testa (2006) found that caseworkers believed that one-third of the children had at least one special need that affected the children from living independently. The study found that white children were more likely to report higher rates of developmental disabilities, relationship issues, and poor social skills (Leathers & Testa, 2006). Additionally, the study found that children with developmental disabilities were less likely to drop out of school when compared to children without special needs. Leathers and Testa (2006) concluded that foster children need to continue receiving services after they turn 18 years old. Furthermore, services, such as counseling, need to be allocated to children that are significantly vulnerable to negative outcomes (Leathers & Testa, 2006).

Theories Guiding Conceptualization

The theory guiding the conceptualization of this study is Bronfenbrenner's ecological systems theory. Ecological system theory divides up the different settings and environments in our lives into micro, meso, exo, and macro systems (Burns, Warmbold-Brann, & Zaslofsky, 2015). The micro system is the area that encompasses the things closest to an individual, such as their family, close friends, and close relatives. The mesosystem has the different people or settings that connect or interacts with areas in the micro system (Burns et al., 2015). A good example would be how a child's parents interact with teachers in the child's school setting. The macrosystem is the largest system and includes things that

affect the each of the different parts of the system (Burns et al., 2015). Examples of the macro system include cultural beliefs and laws.

There is a final aspect in Bronfenbrenner's ecological system called the chronosystem. The chronosystem is how time passes or alters each of the environments (Burns et al., 2015). For example, children may experience puberty, major shifts in family circumstances, or the death of a relative. The reason for selecting the ecological systems theory is because, similar to the view in systems theory, we believe in order to understand someone we must understand their environment. Through their environment we can understand what aspects are helping them to flourish and what is causing them to struggle. For example, CPS involvement may change family circumstances and creates an imbalance in the child's environment. Special needs foster children can benefit from social workers who understand their vulnerable status to improve service delivery and reduce possible trauma in the future.

Summary

The literature uncovered in this chapter suggests that services for foster children with special needs are lacking. In the literature researching medically fragile foster children, the unifying theme in each was the concern for stability in their environment and coping with their medical issues in order for them to thrive. The current literature encompasses permanency, attachment, physical and emotional development, and overall potential gaps in meeting the needs of

medically fragile children. The literature encompassing children with developmental disabilities enforces the need for service providers to understand the needs of their clients by including them and their families in the assessment and decision-making processes. The literature sought to seek out the service gaps and offer services that cater to meeting the specific needs of individual special needs children.

CHAPTER THREE

METHODS

This chapter presents the research methods and data collection instruments to be used for this study. More specifically, this chapter describes the study's design, sampling population, data collection and interview instrument, procedures, protection of human subjects, and qualitative data analysis.

Study Design

The purpose of the study was to identify social workers' perceptions of the needs of special needs foster children and their access to services. This study used qualitative interviews with open-ended questions to gather qualitative data from the social worker participants. The questions were designed by the researchers in order to identify the current needs and services available to special needs foster children, deficiencies and barriers in current services, and services the worker would like developed for special needs foster children.

The study used a qualitative research design. The researchers conducted face-to-face, in-depth interviews with ten social workers who served special needs foster children at a county child welfare agency. The qualitative design allows the researchers to obtain data through people who have experience with the different services for special needs foster children. This type of design allows the social workers to express their own professional perspectives and their clients' experiences on the needs and services available, barriers to using

current services, and potential services needed. A qualitative approach would be most appropriate for data gathering to view a larger and more complete picture of each workers perception. Due to the small sample size, the data collected would not be representative of all social workers perceptions within the county or neighboring counties.

Sampling

Convenience sampling was used to collect data from ten social workers from different units and departments within the county agency. Potential participants for this study were recruited from three offices within the county. The researchers recruited participants by creating and posting research flyers in the child welfare offices. The social workers contacted the researchers via email and/or telephone to schedule in-person and telephone interviews. On one occasion, the researchers visited the office that housed the medically fragile unit workers to solicit interviews in-person. Investigating social workers, case managing social workers, forensic interviewers, and social workers from the medically fragile unit were selected as participants for this study because they directly interact and provide services to special needs foster children and their families. For instance, county social workers are involved in case management, reunification services for birth parents, visitation between special needs foster children and their families, medical and dental care, court requirement upkeep, developing case plans, and maintaining safety and permanency for special needs foster children.

Managers, supervisors, volunteers, interns, office assistants, or clerical staff are not eligible to participate in the study, because they do not directly communicate with special needs foster children. Furthermore, no other criteria such as gender, age, ethnicity, or years' experience were used.

Data Collection and Instruments

The researchers conducted face-to-face interviews with social workers who are currently employed at the child welfare agency and provide direct services to foster children. The researchers developed an interview guide (Appendix A) that includes nine open-ended questions. The researchers also collected demographic data (Appendix B) including the participant's age, gender, ethnicity, education, and current job position. The demographics portion was collected prior to presenting the questions for the face-to-face interview. The interview questions are open-ended, and researchers encouraged participants to elaborate on answers to gather the most comprehensive information available from each participant. The data gathered during the interview is qualitative data from interviewee responses.

The researchers asked interview questions in a sequence to increase the participants comfort level in answering questions, such as how many cases the worker currently holds within their position. The researchers began by asking the social workers questions pertaining to services that are available for the population, for example how easy or difficult it was for them to access services

for the children with special needs. After the participant are comfortable answering questions, the researchers continued with questions, such as, barriers in current services, difficulties faced by their clients, how the worker handled it, the end result of the issue, services that are not available to the client, and how to improve with the current services. The researchers ended the interviews with inquiring on their recommendations for incoming new social workers, current social workers, and for their supervisors and managers.

Procedures

The researchers received approval from the partner agency as well as from the California State University, San Bernardino Institutional Review Board (IRB), Social Work Subcommittee to conduct this project. Participants were recruited using a flyer distributed by agency administrators via email. The flyer illustrated the study's purpose and invited agency social workers who served special needs children to contact the researcher to establish an in-person interview. Flyers were also displayed throughout the agency's offices. Interviews were conducted in a private location, such as, vacant conference or interview rooms, in the participant's home office.

First, the researchers distributed a package to each participant prior to interview, the package included the informed consent (Appendix C) which describes the study's purpose, significance to social work practice and interview instructions, demographic questionnaire, and a copy of the interview guide so the

participants can view the questions during the interview. The participants were instructed to sign the informed consent with an “X”, to avoid any identifying information, which ensured confidentiality and signified their voluntary status to participate in the study and to be recorded with a voice recorder. Second, the researchers asked the participant to complete the demographic questionnaire. Third, the researchers conducted the interview with the voice recorder. After all the questions were administered, the researchers thanked the social worker for participating in the study and stopped the recorder from taping the discussion.

The interviews took approximately 30 minutes to 45 minutes total. The data collection process was conducted by both researchers. The researchers alternated from delivering the interview questions, running the tape recorder, depending on participants approval, and ensuring no technical difficulties are occurring during the interview. Upon administering all interview questions, the researchers thanked the participants for their time and offered the participant a copy of the informed consent form. This way, the participant can follow up with any unresolved questions to the researcher’s advisor if need be. The volunteer participants were offered no incentives for taking part in the study.

Protection of Human Subjects

Researchers took appropriate measures to ensure the protection of the participants in the study. Participation was on a voluntary basis and participants’ identities remained confidential. Participants were presented with an informed

consent and audio consent form to agree to participate and to have the interview audio recorded. The participants signed the bottom of the document with the letter “X” to keep their identity confidential.

Researchers informed the participants the purpose of the study, confidentiality, risks and benefits, and voluntary participation and their right to withdraw their participation or refuse to answer any questions they may feel uncomfortable answering. The informed consent form contained contact information for the researchers and the researcher’s advisor for any questions or concerns.

Participants were informed about the name of the student researchers, the supervisor for the study, and IRB approval status. Researchers assigned each participant an identification number, used to identify the interviewee in place of his/her name. The researchers stored all data and recordings on a password protected computer to ensure only the researchers have access to the information gathered. Upon completion of the study all data was destroyed.

Data Analysis

The data collected in this study utilized qualitative data analysis techniques. The researchers analyzed the demographic information of the sample population. After the interviews were completed and recorded, the researchers transcribed the recorded responses verbatim. The researchers used a journal to write notes relating to the interview, the interviewee, and analytical

memos in the study. The analytical memos identified and described any categories that occur during the interview. Furthermore, the researchers looked for recurring themes across the interviews. The researchers employed first-level coding data to identify meaning of units, fitting units into categories, and assigning codes to the categories. As needed, the researchers used second-level coding to analyze the data. Measures to ensure credibility and controlling bias between researchers was enforced. First, the researchers initially reviewed the data separately. After the initial review, researchers compared results to identify and eliminate possible biases from either researcher.

Summary

In conclusion, the methodology for this study utilized a qualitative research design. Convenience sampling was used to recruit and obtain data collection from current social workers in a child welfare agency. The sample size for the study was ten social workers who interact directly with special needs children in foster care. This chapter also described the process of administering face-to-face interviews using an interview questionnaire. Researchers ensured the privacy of participants through informed consent forms. The interview recordings and any hard copies of data gathered were safely stored. The researchers employed descriptive statistics to analyze the quantitative research data.

CHAPTER FOUR

RESULTS

This study examined social workers' perceptions about working with special needs foster children. Furthermore, this study sought to identify social workers access to services for special needs foster children. This chapter details the data collection that was received from interviews with social workers in a county agency. First, we describe our participants. Next, we describe the themes that emerged from analysis of our data.

The participants of this study were nine female social workers, and one male. The age of the participants ranged from 31 to 60; five of the participants were between the age of 31 to 40, three were between 41 to 50, and two were between 51 to 60 years of age. Three of our participants identified as Caucasian, two as Black/African-American, one as Asian, and four as Latino/Hispanic. One of the participants achieved a bachelor's degree, eight had a graduate degree, and one participant marked other as their highest level of education.

The themes that emerged from analyzing the data were social workers' challenges to providing services to special needs foster children, social workers' accessibility of providing services, and institutional support to effectively manage service delivery for special needs foster children. The social workers identified several strategies to improve service delivery to special needs foster children.

Challenges Serving Special Needs Foster Children

Social workers reported four distinct challenges in serving special needs foster children. First, their parents and caregivers require considerable training. Second, social workers struggle to navigate the complicated funding processes that surround these children's care. Third, social workers struggled to navigate inconsistencies between the birth parents' authority and court orders related to the children's medical care. Finally, the county requires more medically foster homes to place the special needs children with knowledgeable caregivers who will provide safety and well-being to the child.

Training for Caregivers and Parents. Our participants stated that medically fragile children in foster care require intensive, specialized care. Caregivers and parents were often unprepared, and sometimes are unwilling, to provide such care. For example, caregivers must tend to medical and therapeutic appointments, administer medication multiple times a day, provide transportation most often to children who are wheelchair bound, and be vigilant and knowledgeable of the child's medical condition to respond in emergency situations. In some cases, caregivers must feed the special needs child using gastrointestinal (GT) tube because of feeding issues, which can be overwhelming for most caregivers.

Workers lamented how hard it was to find caregivers willing and capable of serving these clients. One worker explained,

The most difficult issue is finding a caregiver who is equipped to care for the day to day needs of these children...has the knowledge, skills, and experience to care for these children every day. If I have a caregiver that does [not] know what they are doing... I have to get really involved in [getting] the services [for the child]. (Worker 1)

Additionally, workers explained that caregivers must stay informed on the medical and developmental needs of the child while also prioritizing the child's overall well-being and safety. One worker described that the caregiver needs to be understand of the child's needs, the worker stated "be in the other [children's shoes] so you can understand a little bit why they are struggling.... that's the training that I am saying we need" (Worker 4).

Social workers reported that they must communicate with caregivers and parents often to ensure the best interest of the child. Social workers must constantly work with parents and caregivers to communicate their expectations. Some caregivers want to maximize their earnings by caring for children with special needs. However, the extra pay associated with these children comes with additional responsibilities. Some caregivers are not prepared to meet the demands of caring for a special needs child. Worker 3 explained, "The caregivers who want [the] most money and [want to do] the least [amount of] work, that's the most difficult part. I have to give them a clear expectation." The social workers must advocate the child's needs to the caregiver in order to provide reliable and permanent placement to the children. Worker 4 described

needing to build healthy rapport with the caregivers in order to be able to communicate about the child's unique needs without the caregiver becoming offended with the parenting advice.

Social workers must explain to caregivers that organization and consistency is a vital tool for caregivers because of the special needs child's demands. One worker maintained that social workers must "Have conversations with the foster parents [and] the relatives and make sure that they have some sort of method [, such] as keeping all the documentation, all the appointment schedules because it can be very overwhelming if you don't have a system...It all falls apart" (Worker 7). The participants expressed the importance of caregivers and parents maintaining above average case management systems for special needs foster children.

Majority of the social workers agreed that training is needed for the parents and caregivers that are involved in the special needs foster child's life. Additional funding is needed in order to streamline and provide services for the special needs foster children. Expectations between the court and the family need to be parallel in understanding. An increase in medically fragile foster homes can remove challenges in order to provide placement and permanency for the children in foster care.

Funding Issues. The social work participants in this study reported issues related to the insurance approval process, adequate compensation for the

caregivers' diligence, and an abundance of documentation to ensure the special needs foster child receives the proper services.

The county for which the social work participants work, provides Medi-Cal Insurance to provide medical, psychological, and developmental care for children in child welfare. Worker 8 described the struggle with insurance for children with medical need, and described a situation where the child was on the transplant list, but if the child were to return home, the insurance will no longer cover their care and stated, "He cannot return home because the insurance will change" (Worker 8).

Social workers have to complete documentation pertaining to referrals for services, medical and developmental equipment, prescription medication, caregiver payment, and Court proceedings. The participants described that documentation can add to the challenges of working with this population. One worker implied, "Another thing that could be done [to make it] easier [is] to take the whole payment stuff out of [the] social worker for medically fragile [foster children]" (Worker 1). Special needs foster children require advocates to maintain the various documentation required to provide special needs services.

Discrepancy between Court and Birth Parent Expectations. All the case carrying social workers in this study disclosed that the special needs children were in out-of-home placements or foster care. However, the social workers noted that they have to take into consideration that the biological parents continue to have parental rights related to their child's medical care. In several

interviews, the social workers reported that biological parents disagreed or refused to participate in medical services which delays medical care for the special needs foster child.

Social worker 2 described a case where the parent would say and behave in way that would paint them in a negative spotlight, and the social worker described that the parent did not want them to list it into the court report, the social worker stated, "I would have to put things into the court report that [the parents] didn't necessarily want in there" (Worker 2).

The social workers in this study related that they must continuously work with parents while also meeting the child's medical needs. Worker 3 described a situation where the court did not approve the department's recommendation for a medical procedure,

When the parent's interest and child's needs conflict, that's a hard time ... for example, doctors, their opinion that [a] child need[s] a certain medical procedure versus parents say 'no'. Then we have to bring [this matter] up to the court. The court is not [always] supporting the department's recommendation. The most challenging, [in the] social worker view [is that] we give the parents too much say so. (Worker 3)

The social worker described that children experience a delay in medical services when they must prove to the court that the child requires a medical procedure that the parent is rejecting. Worker 5 supported the argument by stating that,

There is no challenge of getting the special needs child a service], its working with parents and having them understand the concerns that the professionals in their life are trying to inform them about; and having them buy into that because if they do not believe that there is a concern, then there won't be a...behavioral change on the parents behalf...When the parents are difficult and don't want to work with the department, ...we can provide them information and... try to engage them to do what is best for the child, should they not agree then we can always go to the Court and ask the Court to Order any sort of procedure that the child may need because the parent doesn't agree. [It's] always ... easier if you can just get a buy in from the parent's behalf. (Worker 5)

When social workers, parents, and Judges disagree on the outcomes of a child's medical procedure, the child may miss service opportunities. Social workers and biological parents must partner to provide the child with multiple services to improve the child's well-being and meet the best interest of the child.

Medically Fragile Homes. Perhaps the strongest contingency among the social work participants of this study was their perception of an inadequate amount of medically fragile homes. Moreover, caregivers for special needs foster children must continually meet quality standards, which can be difficult to maintain. Worker 2 stated that, "The biggest thing we need to improve services is to have more medically fragile homes" (Worker 2). Worker 7 supported this argument by disclosing that, "[The department] need[s] more medically

fragile foster homes in more diverse areas. There is issues with transportation because a lot of times they go to children's hospitals [that] are far" (Worker 7). The social workers disclosed that they experience challenges in finding suitable foster homes for medically fragile foster youth; this creates issues for children in receiving services because they must be safe in a placement before referring the child to services. For example, a medically fragile foster child may have to see a specialist, but they will not get the service if they are living in short-term foster homes.

In some occasions, special needs foster children experience gaps in services due to changing placements. For example, Worker 5 stated,

When [the child's] needs are not [being] met, nine times out of ten it's because the hospital or [the child changes placement] ... When you move [the special needs child] it will take between three to six months to get an appointment [with a specialist]. (Worker 5)

To avoid gaps in services, this worker continues, saying social workers must keep [the special needs foster child] to their original hospital ... at least to get the most immediate appointments out of the way. [The social worker will then, inform the hospital about the child's placement change] so that they can refer them and [the special needs child] will not miss any specialty appointments. (Worker 5)

Social workers should prioritize permanency for all children in foster care.

Social Workers Access to Provide Services to Special Needs Foster Children

Social workers described that access to services were not difficult because of the abundance of different agencies and organizations that can serve children to meet their needs. Fortunately, the child welfare agency provides healthcare coverage for children in the foster care system. The child's right to proper healthcare ensures that the foster child in need of services receives medical, dental, mental and physical care. Our social work participants stated, "When it comes to medical care, I have had no problems. The children get the ... medical care they need" (Worker 1). The participants revealed that service attainment,

is very easy because we rely on California Children's Services and also Inland Regional Center, as well as us. There is a lot of vendor agencies through (facility name redacted) that reach out like Attachment and Biobehavioral Catch-Up (ABC) intervention, Medical Therapy Unit (MTU) clinics... so we have a lot of services in place (Worker 2).

Additionally, some workers described how their office offers medically services for the children, as worker 9 stated "We operate in the Child Advocacy Center [, which is] usually housed within the hospital. It's not that hard [to obtain services for the special needs foster children]" (Worker 9). An ongoing trend in the county agency is that caseloads are reduced. Worker 5 stated, "I have 12 [cases] currently...before this round of hires, we were at between 20 and 27." When asked about caseloads, Worker 2 stated "we are at lower caseloads at

about 12.” The workers described ease in accessing services, and with the addition of reduced caseload, this assisted in their delivery of services to the children.

Social Workers’ Perceptions of Institutional Support for Special Needs Foster Children

Social workers reported very few challenges assessing health care for their special needs clients. They identified a variety of health, mental health, dental, and other providers they could rely upon, and could assess with relative ease. They also reported that caseloads were manageable, especially compared to previous years. Yet, our participants suggested several ways their agency could better support their work, including enhanced staff training, use of checklists, and enhanced support from supervisors.

Staff Training. A common belief among the social work participants in this study was to increase staff training on the medically fragile children. Social workers explained that they must be patient, understanding and adapt to the unique needs of each child. Worker 9 reported,

Not everyone is properly trained or have experience working with special needs populations. So, that in itself becomes a hardship for the [special needs] child because the service provider or case manager, in this case the social worker, doesn’t have sufficient education or know how to deal with different types of disabilities whether physical, mental, or cognitive. You have to be very patient and you have to pay attention because

mannerisms and nonverbal cues will tell you things about the child [that] they are trying to tell you. It requires a very comprehensive type of staff person and that requires training.” (Worker 9)

Medically fragile training can prepare social workers to have effective conversations with special needs foster youth. Social workers must communicate often with their clients to ensure safety and the well-being of the special needs child.

When asked what could be done to streamline services for special needs foster children, Worker 2 stated, “to learn about what the special needs is for the foster child, to research and learn the language of what you are dealing with.” A change that many workers identified was staff training on what medically fragile entails, and the different needs associated with the different disabilities of the children.

Checklists. The department could adapt a checklist for social workers to follow to help the social worker ensure that all the proper steps are being followed to provide adequate care to the special needs foster child. Social workers stated

There’s so many moving pieces per the care of these children... one of the things that I could [think of] is more specific training on all of the services [and] some kind of checklist so that when I get a [special needs child on my case] I can go through ... and make sure everybody has everything they need. (Worker 1)

Enhanced Support from Supervisors. The social workers in this study reported that their relationship with their supervisor affected their overall ability to deliver services to the special needs children on their cases. Some workers described having a supportive supervisor to be a positive indicator on being able to successfully meet the needs of special needs foster children on their caseload.

In the interviews, Worker 2 stated that “(He/She) can talk with (his/her) supervisor and have a real-world conversation about your case... and have an open-door policy so you can get things done quicker.” Furthermore, Worker 9 states,

[social workers must assess] if they are comfortable looking at this population because of they're not, they must voice that to their supervisor or the chain of command because if there is any type of feeling ... [the social worker will] miss something. (Worker 9)

The workers who described a positive relationship with their supervisor were more positive in their responses on working with special needs foster children and when stating their responses, were not hesitant in their answers.

Although majority of the social work participants in our study described a positive relationship with their supervisors, there were a few who described a negative relationship with their supervisors and identified additional struggles they face in order to provide services for the children on their cases. Worker 6 described their experience with their supervisor, and how more work was created, and a child's placement was jeopardized because the supervisor

required additional documentation and proof to justify why the special needs child cannot shift placement. “We have to write extra documents in order to prove that house needs more funding, or I will lose my kids placement and the child cannot be moved in their best interest” (Worker 6).

Social workers identified a need of support from the supervisors in order to be able to better serve the special needs children on their caseload. Social workers who identified a positive relationship with their supervisors described being able to better serve the children on their case. While workers who described a negative relationship with their supervisors, described the additional work and struggles in order to provide for the children on their cases.

Summary

Overall, all the workers described positive and negative experiences and working relationships when case managing for special needs foster children. Our participants explained the challenges related to maintaining the child in services that are offered to special needs children in foster care. The social workers interviewed identified different tactics that could be implemented in order to improve services for the special needs foster children through changes and improvements within the department.

CHAPTER FIVE

DISCUSSION

The following chapter discusses the study's findings and their relationship with current literature and research. Additionally, the researchers will discuss the study's limitations. Finally, this chapter suggests recommendations for social work practice and research in response to the findings.

The purpose of this study was to identify the needs and available services for special needs children in foster care through the perception of social workers. In addition, this study sought to examine social workers' access to services for special needs foster children to reduce service gaps and meet the needs of the children who are most vulnerable in foster care. This study found that social workers face challenges in obtaining training for parents and social workers, navigating complex funding processes, managing inconsistent desires between parents and court officials, and dealing with the limited number of capable foster homes. Yet, this study also found that social workers have access to services for special needs and medically fragile foster children. Social workers suggested strategies for overcoming the stress of providing services to this population of foster children, such as rigorous staff training and creating a checklist to avoid missing important steps. Finally, this study found that the relationship between social workers and their supervisors may influence the outcomes for special needs foster children.

Our findings suggests that caregivers of special needs foster children are vital to the success of these children because they are involved in the 24-hour care of each child. Furthermore, caregivers become acclimated to the daily care and needs of the child. Therefore, caregivers and parents of special needs children require training to have the knowledge and skills to provide adequate care to the child. This finding is consistent with the literature, which suggests that caregivers and parents play an important role in the effectiveness of developmental services (Mahoney & Wiggers, 2007). Our participants and the literature suggest that parents or caregivers should be directly involved in the daily routines and services because special needs children thrive by learning in routine living environments (Mahoney & Wiggers, 2007). Again, our participants and the literature support offering additional training and education to support parents and caregivers who can respond and apply interventions that address the child's difficulties (Mahoney & Wiggers, 2007).

Our findings suggest that for the social workers interviewed, it is not difficult to obtain services for medically fragile foster children. Yet, the interviewees explained that they struggled to obtain appropriate foster homes capable of meet the children's needs. This is consistent with previous research which found that a key component medically fragile children need to thrive is permanency through foster homes or through reunification with caregivers who understand and are able to meet their needs and properly care for them (Groze et al., 1994). In addition, Rehm (2002) found that despite the legislation and bills

passed to promote the well-being of medically fragile foster children, there is still a lack of trained personnel who can best meet the special needs of medically fragile children. The prior research along with our findings suggest that in order for medically fragile foster children to thrive, training and additional medically fragile certified homes are necessary.

Another finding from our study that is consistent with previous literature is the lack of collaboration and divergent expectations between the people involved in the care of the child. Several participants suggested that the caregiver's best interests are often different from those of the child. Lefton-Greif and Arvedson (2008) highlighted this issue in their work with medically fragile children and suggest the need for a communicative team approach in order to best deliver services to meet the needs of the child.

Limitations of the Research

The findings of our study are largely consistent with the results of previous studies; however, the limited scope of our study necessitates caution in interpreting our results. Our first limitation is that the researchers were only able to recruit volunteers from local offices within a single county. This restricted the geographic diversity of the potential participants and creates uncertainty when attempting to extrapolate the results to other areas. Second, this study had a very small number of participants. Only 10 of the workers who met the required criteria of having worked with special needs children volunteered to participate in

this study. As such, the participants of this study had an uneven distribution of genders and ethnicities. Due to the lack of diversity in the participants, they are not necessarily representative of the broader population. Third, none of the participants in this study were from upper management positions and were all front-line workers. A participant in upper management may have had additional experience and insights not available to front-line workers more narrow field of operation. Lastly, the study does not include the perspectives of caregivers or the children they and the social worker participants care for. Including these other types of participants might have yielded more diverse points of view.

Recommendations for Future Research and Social Work Practice

Future social work research should examine the perceptions of social workers across various counties to identify the possibility of gaps in services for foster children with special needs. Medically fragile and children with developmental disabilities often face challenges that other children do not (Rehm, 2002); therefore, social work practitioners should strive to help these children overcome their daily challenges by helping caregivers attain services that help special needs children meet their demands. Service delivery may vary between counties. Services, such as, medical treatment, medical equipment, transportation, physical and psychological therapy, and education programs may be limited in some counties while other may not have the same options for all their special needs foster children. County officials may collaborate to identify

any gaps in services to improve service delivery for all children with medical or developmental needs.

Future research should also strive to obtain the perceptions of numerous social workers from various departments in child welfare. In addition, research should examine the attitudes of both male and female social workers across various departments in social service agencies. Due to the limited amount of social work participants in this study, the researchers are not able to generalize the findings. However, examining the perceptions of multiple social workers across various counties may result in identifying where the gaps in services fall. This will help social work practitioners and advocates for children with special needs meet their medical and developmental milestones.

Future research should examine the perspectives of supervisors and other care providers to identify the systemic affairs influencing service delivery for child welfare social workers. Understanding large-scale policy and practice issues, such as organizational change or resource management, can lead county agency social workers to advocate for the challenges of special needs children in child welfare. Furthermore, research is limited in identifying the perspectives of parents, caregivers, and the children who are involved in child welfare. The negative and positive experiences of the clients should be evaluated to improve service delivery and the well-being of children and families in child welfare. Research should gather data from multiple sources to gain the perspectives in the safety and care for special needs foster children.

Our findings suggest that social work practitioners who work with special needs children in foster care may benefit from participating in annual intensive, one-on-one training with more experienced workers in the field. This type of training may help less experienced workers learn the various moving pieces to case management in this unit, which are both difficult and critical to the well-being of children. For example, new and incoming social workers may benefit from one-on-one training because they will gain a mentor who can instruct them on proper documentation techniques and practice models. This may improve communication and client management services. Furthermore, annual training may help keep social workers up to date on best practices with children with special needs in foster care. Foster children with special needs deserve social workers who can provide services diligently and effectively to meet the needs of medically fragile children and children with developmental disabilities.

Conclusion

Foster children with medical conditions and children with developmental disabilities require ongoing services provided by their social workers in public child welfare agencies. Roughly 18 percent of children in the United States require consistent medical care while 6.7 percent of children with chronic medical conditions experience limitations in their daily lives (Rehm, 2002). Children with special needs face many challenges related to physical, medical, and

psychological impairments that prohibit life satisfaction (Rehm, 2002). Special needs children in foster care are more likely than their children without medical and developmental limitations to suffer from trauma due to the life circumstances which resulted in the involvement in child protective services case (Shannon & Tappan, 2011). Special needs children are especially vulnerable, in that they require unique medically, psychologically, pharmaceutically, emotionally supportive services to best meet the child's needs. Social workers who provide direct services must identify gaps in services and issues in case management to alleviate limitations to the care and protection of the most vulnerable children in foster care.

APPENDIX A
INTERVIEW GUIDE

Interview Guide– Designed by the Researchers

1. Tell me about your role at the agency?
2. Tell me about your caseload.
 - a. How many?
 - b. How many are special needs?
3. What are the special needs of clients?
4. How easy or difficult is it to access services for these clients?
5. Tell me about a particularly challenging or memorable case in which you served a child with special needs.
 - a. What was hard?
 - b. What did you do?
 - c. How did it turn out?
6. In what ways are clients' needs being met? Not met?
7. What can be done to improve services for these clients?
8. What recommendations do you have for
 - a. Incoming social workers that will have special needs foster children in their cases?
 - b. Other social workers in general?
 - c. Supervisors or managers?
9. Is there anything that we missed?

APPENDIX B
DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

1. Which of the following describes your age range?
 - a. 20-30 years old
 - b. 31-40 years old
 - c. 41- 50 years old
 - d. 51-60 years old
 - e. 61 or older

2. What is your gender?
 - a. Female
 - b. Male
 - c. Other

3. What is your ethnicity?
 - a. Caucasian
 - b. Black/ African American
 - c. Asian/Pacific Islander
 - d. Hispanic
 - e. Indigenous
 - f. Other: Please specify _____

4. What is your highest level of education?
 - a. High School Diploma
 - b. Some College
 - c. Bachelor's Degree
 - d. Some Graduate Courses
 - e. Graduate Degree
 - f. Other

5. Are you currently a social worker for (redacted) county agency?
 - a. Yes
 - i. What is your position? _____
 - b. No

APPENDIX C
INFOMRED 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 Social Workers' Perceptions on Needs and Services for Foster Children with Special Needs in Riverside County. The study is being conducted by Winnie Lee and Jessica Jimenez, MSW students under the supervision of Dr. Deirdre Lanesskog, assistant professor Deirdre Lanesskog in the 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: The purpose of the study is to examine Social Workers' Perceptions on Needs and Services for Foster Children with Special Needs.

DESCRIPTION: Participants will be asked questions regarding their perceptions on special needs foster children. Participants will also be asked questions regarding the services currently available for special needs children. Lastly, participants will be asked what services should or need to be provided in order to help special needs foster children to thrive in their environment.

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 confidential and data will be reported in group form only.

DURATION: It will take approximately 30 minutes to complete the interview.

RISKS: The risks to participants will be minimal.

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. Deirdre Lanesskog at 909-537-7222 (email: deirdre.lanesskog@csusb.edu)

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2019.

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

_____ Place an X mark here _____ Date

I agree to be tape recorded: _____ Yes _____ No

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 2/14/2019 VOID AFTER 2/13/2020
IRB# SW1903 CHAIR *Janet Clay*

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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ASSIGNED RESPONSIBILITIES

This was a two-person project in which the researchers collaborated throughout. Jessica Jimenez and Winnie Lee conducted the research that was presented in this report. Both Jessica Jimenez and Winnie Lee participated in the construction, documentation, and revisions of the following sections of the report:

- Problem Statement and Introduction
- Literature Review
- Methodology
- Results
- Discussion