

5-2022

SOCIAL WORKERS' PERCEPTIONS IN WORKING WITH CHILDREN WITH MEDICAL COMPLEXITIES

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SOCIAL WORKERS' PERCEPTIONS IN WORKING WITH CHILDREN WITH
MEDICAL COMPLEXITIES

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
Elia Galicia and Rosa Espinoza

May 2022

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ABSTRACT

This research study reviewed some of the challenges that foster care children with medical complexities encounter. The number of children with medical complexities in the foster care system has significantly increased in the last few years. However, little is known about the perceptions of social workers who have worked or will work with this specific population during their careers. This research explored social workers' knowledge about care and the designed protocols in working with foster children with medical complexities. Variables including social workers' classification, education level, degree's background, experience, and completion of training were considered in this study. This study was exploratory with a quantitative approach and carried out via a survey questionnaire. The data was analyzed using the statistical program SPSS. The findings of this research indicated that even though most of the respondents perceived their level of competence in working with foster children with medical complexities as satisfactory, more than half of the respondents confirmed that they lacked education and training on medical issues related to social services.

Keywords: foster care children, medical complexities, social workers, and training.

ACKNOWLEDGEMENTS

The researchers would like to acknowledge the assistance and support received from Dr. McAllister to complete this research project. The researchers would also like to thank their respective friends and family for their moral support throughout the completion of this project. Lastly, the researchers would like to thank their fellow social workers who are committed to ensuring the safety of children and their families. This project was completed taking into consideration those who serve our communities and take part in the Child Welfare System.

DEDICATION

Elia Galicia –

I dedicate this work to my brother Sergio Galicia who inspired me to complete this research. I dedicate this work to my close friends who encouraged me to further my education in the field of social work. Additionally, I dedicate this work to my parents, Esteban Galicia and Maria Galicia, whom I aspire to make proud of.

Rosa Espinoza –

I would like to thank my mother, Felicitas Espinoza, who supported me throughout my education and was my inspiration to complete my degree. You showed me that anything is possible with dedication and hard work. I dedicate this work to my daughters, Samantha and Cassandra, who have sacrificed so much of their time with me to allow me to complete this degree. Thank you both for supporting my dreams and being the driving force behind all of this. I love you both with all that I am. I also dedicate this to the memory of my father, Jesus Espinoza. Para mí nunca habrá un padre mejor que el mío, lo elegiría en 1000 vidas más. Ojalá pudieras estar aquí para verme obtener mi maestría. Espero que seas orgulloso de mí. Te amo Papi y te extraño todo los días. To my husband, Adolfo, thank you for all the support that you gave me and for believing in me when I didn't believe in myself. I love you old man. To our support system, Laine and Jessica, thank you both for keeping Elia and I going. Thanks

for being our people. We are forever grateful to you both. To one of my biggest cheerleaders, Gabe, thank you for always rooting for me and encouraging me that I could do this. Thanks for being that annoying voice in my head all these years. No greater Bestie than you, homeslice. Last but certainly not least, I would like to thank my research partner, Elia, for helping me keep my sanity and my head above water.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

The American Academy of Pediatrics defined children with medical complexities, as those who suffer from one or multiple chronic illnesses, which affect multiple organ systems, resulting in functional limitations, high health care needs, and/or often require medical technology to treat their condition(s) (Cohen et al., 2011). The Children in the foster care system are not exempt from medical complexities. Conversely, their exposure to neglect and adverse childhood experiences (ACEs) increases the probability of children in the foster care system to suffering and/or developing medical complexities throughout their childhood. Because of this, the State of California requires Child Welfare agencies to include a public health nurse (PHN) as part of their team. The PHN collaborates with the child's social worker to ensure the child's specific medical needs are met while in out-of-home-care (California Statewide, n.d). The primary role of the PHN in child welfare is to facilitate the delivery of appropriate health services to the foster child at each developmental stage (California Statewide, n.d). PHN primarily collaborates with social workers assigned to specialized medical service units.

An article regarding foster care children stated that some of the unhealthiest children in the United States are those in the foster care system (Diaz et al., 2004). According to Dr. Jaudes of the University of Chicago foster

care, children are twice as likely to have chronic illnesses, disabilities, and are four times more likely to have untreated mental health needs in comparison to any typical child (Diaz et al., 2004). In addition, studies indicated that foster care children are highly susceptible to conditions such as HIV/AIDS, allergies, asthma, diabetes, epilepsy, weight problems, due to exposure to alcohol or drugs at their gestation stage (Orme et al., 2003). Given these circumstances, the number of children with medical complexities in the foster care system has significantly risen in the last few years (Diaz et al., 2004).

A study reported that children with specific medical needs were overrepresented in the child welfare system and little was known regarding the social worker's expertise and their comfort in working with this specific population (Rao et al., 2019). According to Rao et al. (2019), social workers lacked knowledge and skills in working with children with medical complexities. Because of this, there had been an ongoing concern about social workers not being able to recognize foster children's medical needs in the absence of their medical records. Researchers emphasized that misidentification of a specific medical need resulted in a delay of services and treatment of the child. Further concerns indicated that there were times in which social workers relied on their tactic and/or experiential knowledge to determine the required medical treatment of the child while in out-of-home care (Rao et al., 2019).

Additional research revealed that even those with established medical diagnoses faced extreme challenges in obtaining ongoing medical services and

struggled to be placed in a certified foster home for children with medical complexities (Rao et al., 2019). Of equal concern was that the unique medical conditions of foster children often impeded their access to academic support and special educational services (Stanley, 2012). Further, caregivers of foster children with medical complexities expressed having to make remarkable commitments to meet the needs of these children (Harrigan et. al, 2002). There was speculation that because social worker's training and expertise have been geared towards child safety, they were not properly trained to work with children with medical complexities, did not properly advocate to meet the needs of children with medical complexities, and were not able to provide adequate support to their caregivers.

Purpose of the Study

The purpose of this study was to understand the perceptions of Social Workers working with foster care children with medical complexities in the foster care system. This research explored social workers' general knowledge about care and the designed protocols in working with foster children with medical complexities. The intent of this research was to answer the following question: What are social workers' perceived level of competence in working with children with medical complexities?

Hypothesis: These writers believed the data collected from this research will corroborate previous studies which indicated that social workers were not

properly trained to meet the needs of children with medical complexities. These researchers believed the findings of this research could promote and support the idea of providing training related to the care of foster care children with medical complexities, to new social workers employed by child welfare agencies nationwide.

Significance of the Project for Social Work

This study is important due to the increasing number of foster care children with medical complexities. The results of this research present the perceptions of social workers who have in the past, presently, or will in the future work with foster care children with medical complexities. The findings of this research will have significant implications for Child Welfare Agencies, Foster Care agencies, and caregivers. The findings of this study have relevance for different areas of concentration, including Social Work and Public Health. Given the results of this research, Child Welfare agencies will support or oppose offering additional training to social workers with an emphasis on medical complexities and health diagnoses of children in the foster care system. Furthermore, this study extends the existing literature on social work, foster care children, and foster care children with medical complexities.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews issues related to medical decisions, placement, availability of services for children with medical complexities and their caregivers. It also provides an overview and perspectives of current social work training. Lastly, the chapter concludes with a discussion of the theoretical perspective that guided this research.

Concerns about Medical Decisions

Seltzer (2018) reported that due to foster children's severe medical needs, medical staff and caregivers were left with the responsibility to make decisions about surgeries, invasive tests, and advance care planning on behalf of the children in their care. Medical staff and caregivers sometimes did not know from whom to request approval to complete medical procedures. Because of this, medical staff emphasized that it was crucial for social workers to review with medical staff and caregivers the protocol to obtain medical consent. Further, medical staff stated that being ignorant about specific protocols for medical purposes could delay medical treatment resulting in injurious consequences to the child.

A group of medical professionals agreed that identifying an individual authorized to make medical decisions on behalf of children with medical complexities was often a challenge (Seltzer, 2018). A doctor expressed his

frustration by stating that there had been times in which children's medical processes were postponed due to caretakers and/or social workers not having the ability to make certain decisions on behalf of their patients. Doctors have expressed their disappointment about times in which unreliable biological parents were entrusted to make medical decisions about children with medical complexities, which caused distress among the entire medical team (Seltzer, 2018).

A separate study revealed that foster parents complained about having "little say" regarding decision-making and limited service options for children with medical complexities (Hayes et. al, 2015). A caregiver suggested that upon entering foster care, all medically fragile children should be assigned to a court-appointed guardian ad litem, who is well versed in the child's specific diagnosis, has healthcare experience, and most importantly someone that feels comfortable making challenging medical decisions on behalf of the child (Seltzer, 2018). Caregivers and medical staff agreed that social workers should advocate on behalf of children with medical complexities, by requesting the Court to grant the foster parent authority to provide legal consent for the child's medical, surgical, and dental care. Some caregivers indicated that in comparison to the biological parents who may have been absent or neglectful, trained foster parents could provide essential insight as to the medical symptoms and the needs of the children in their care (Hayes et. al, 2015).

Placement

Certified medically fragile foster homes are specialized placement settings within the child welfare system that provide medical care and supervision of children with complex medical conditions (Seltzer, 2018). Certified medically fragile caregivers must receive additional training, support, and higher foster care rates to provide care for children with medical complexities (Seltzer, 2018). Unfortunately, the number of these types of placements is limited, therefore; placing children with specialized medical needs in out-of-home care is a significant challenge for social workers.

Due to medically fragile placements being at capacity or unavailable, children with medical complexities often remain in hospital settings more than the time needed (Seltzer, 2018). Groze (1994) agreed that the placement of children with medical complexities in out- of-home care is a growing crisis, as the number of existing foster homes including medically fragile homes has decreased at a high rate nationwide (Groze,1994). Consequently, children with medical complexities are prone to experience multiple placement changes, which could interrupt their medical treatment.

Placement disruption also occurs when caregivers request to end placement because they are not able to meet the needs of the children in their care (Orme et. al, 2003). Medical staff has expressed their worries about placement changes given the location of the new placement a change of medical providers may be needed as well (Seltzer, 2018). To decrease this issue Orme et

al. (2003) emphasized the need to recruit long-term caregivers committed to providing, care, stability, and ensuring the well-being of vulnerable children with medical complexities.

Services for Medically Fragile Children and their Caregivers

Coquillet et al. (2015) reported that trained medically fragile caregivers must be able to complete many tasks including; monitoring symptoms, providing medication, being knowledgeable of technical medical care, advocating for medical/educational needs, and collaborating with available community partners to meet the needs of the children in their care. However, completing all these tasks can become overwhelming when support and/or services are limited.

Altman et. al (2018) added that coordination of services for children with medical complexities and their caregivers was a concern due to the lack of communication with service providers. Altman et al. (2018) suggested the use of an integrated health care system to bring together the work of social workers, specialists, and other medical staff that serve children with medical complexities. A significant number of medical staff supported the idea and stated that the quality of communication between health care providers and social workers empowered caregivers to navigate the health care system successfully (Seltzer, 2018).

Seltzer et al. (2018) stated that access to medical, financial, and emotional support was essential for caregivers of children with medical complexities,

therefore, welfare agencies must ensure that these resources are available to all caregivers. Seltzer et al (2018) emphasized that the availability of respite services was crucial because caregivers could become exhausted by the multiple obligations involving the medical care of the children in their care. Separate research concluded that caregiving duties could cause physical and mental exhaustion (Kuster & Merkle, 2004). Kuster and Merle (2004) shared that mental exhaustion developed into symptoms of depression and/or other mental health conditions. Because of this, social workers were expected to advocate for services that met the individualized needs of the child and their caregivers equally.

Training

A study amongst Masters of Social Work (MSW) students indicated that many of its participants believed their interdisciplinary practice was limited. Some of the students described their fieldwork requirement as “challenging” as their interactions and collaborations with other helping professionals were unexpected (Grossman & McCormick, 2003). One student shared “I would have been pleased to learn more about the approaches, responsibilities, and goals of professionals that collaborate with social workers” prior to completing her degree in social work (Grossman & McCormick, 2003). Furthermore, a number of participants in the study suggested additional training be accessible to aspiring and newly hired social workers. The training objectives would be for health care providers and or other specialists to educate social workers about their role in

providing service to children in the foster care system (Grossman & McCormick, 2003).

A separate study amongst newly hired social workers reviewed the participant's perceptions about their introductory training prior to joining the social work field. The participants of the study were asked if they believed their training had prepared them for their current position as a social workers. Many of the participants shared something positive about their training. However, many others complained and stated that their introductory training could have been more realistic, by presenting some of the lingering issues that social workers face when serving clients with specialized needs (Bradley, 2008). These same participants shared their feelings of dissatisfaction due to the lack of supervision received during their introductory training (Bradley, 2008).

Theories Guiding Conceptualization

According to an article presented in the National Cancer Institute, theories are a set of concepts, definitions, and propositions that explain or predict events or situations by illustrating the relationships between variables (National Cancer Institute, 2004). In simpler words, theories are described as systematic ways of understanding events or situations.

By the late 1980s, several authors dedicated themselves to the conceptual analysis of the theories related to the field of human service (Dempsey & Foreman, 1997). Carl Dunst and his colleagues stressed the importance of

enhancing informal social support while working with families to assist them in meeting their basic needs and achieving empowerment (Dempsey and Foreman, 1997).

The empowerment theory is rooted in social action philosophy and community psychology (Hough & Paisley, 2008). The theory of empowerment is the framework that guided this research. According to Hough and Paisley (2008) empowerment focused on the needs of a specific individual or community and promoted action to improve the quality of life of both the individual and the community. Morell (2004) reported that often individuals with intense medical needs and physical restraints viewed their lives as a burden to others. In the past, social workers and medical professionals exercised the empowerment theory with the less fortunate with the goal to assist them in different venues and to overcome obstacles.

This research project will show how the empowerment approach contributes to social workers' self-awareness about the influence they possess and how they can utilize it to assist children with complex medical needs in the foster care system. In addition, the goal is for the findings of the research to analyze how social workers can successfully empower foster children, families, and caregivers caring for a child with medical complexities.

Summary

This chapter summarized and reviewed studies conducted on the topic of challenges in caregiving of foster children with medical complexities and placement challenges. This chapter provides a brief literature overview regarding the profession of social work and its contribution to this study. This chapter concludes with an in-depth, critical analysis of the theoretical framework guiding this research.

CHAPTER THREE

METHODS

INTRODUCTION

The following chapter provides subsections with an overview of the study design and the description of the sampling method. Additional subsections include an explanation of the data collection, instruments used, a detailed account of the procedures, and how the protection of human subjects was established. To conclude the chapter includes a description of the data analysis and a summary.

Study Design

The purpose of this study was to understand the perceptions of Social Workers working with foster care children with medical complexities in the foster care system. This research explored social workers' general knowledge about care and the designed protocols in working with foster children with medical complexities. The knowledge of participant social workers of this study was measured via their responses to questions concerning but not limited to their classification, education level, degree's background, experience, and completion of training. An exploratory method was utilized for this research as there was limited information found in the literature regarding this topic. The quantitative approach was chosen as this was an easy and effective way to generalize the

findings of a large group without having the entire group participate in the study. The quantitative method allowed the participants' identities to remain confidential via a survey questionnaire.

Further, the idea of promoting and supporting additional training related to the care of foster care children with medical complexities to new social workers was supported via the implications of this research.

Sampling

A non-probability purposive sample was utilized to conduct this study as it required a specific group to participate in this research. For this study, the participation of social workers was required to collect the most complete data for the focus of the study. A non-probability sample was utilized for this study in the form of an online survey via Qualtrics. Eligibility criteria were chosen with the intent to focus the study on the competencies of social workers that have worked or will work with children with medical complexities during their careers. The researchers aimed for 30, participants to take part in this study. However, out of the 30 only n=23 participants completed the survey in its entirety (Appendix A-Survey).

Data Collection and Instruments

This formative evaluation and data collection was the element that provided insight into social workers' perceptions in working with children with

medical complexities. The survey consisted of twenty questions: 13 nominal questions, 6 rating/ordinal questions, and 1-ratio question. The demographic questions refer to the years the participant has worked in Child Welfare, experience working with foster children with medical complexities, social worker classification (Emergency Responder, Court Dependency, Continuing Services, and Child Welfare Specialized Medical Service), level of education, degree background, and the number of training completed in preparation with working with children with medical complexities were the independent variables. The Dependent variable was the competency of the participant in working with children with medical complexities. All variables were measured by self-reported answers in the questionnaire. The participants were males, females, other unidentified genders, ages 21 and up. The participant's ethnicity varied and was not an identifying factor in this research.

Procedures

The Participants for this research were invited to follow a link to a survey placed on a social media site, including but not limited to Facebook and Instagram. The 20 questions survey link was shared by the researcher along with general information and informed consent. By using this method the link was noticed by members of the target population, social workers who were coworkers, classmates, and/or acquaintances of the researchers. The online questionnaire was completed via the online survey platform named Qualtrics.

Participants self-administered the questionnaire at their convenience. The participants were able to change their answers before submission. The participants were informed that their participation was voluntary and refusal or discontinuation of participation would be permitted without any consequences. These closed groups are generally intended for those in the social work community to post on a forum, discuss current events, and share resources.

Protection of Human Subjects

The Institutional Review Board of California State University San Bernardino approved this study in the Winter of 2021, under the condition that researchers implement procedures and safeguards to protect the confidentiality of the participants and the data obtained through the survey. The participants were first prompted to read and agree to the informed consent (Appendix B-Informed consent) before beginning the survey. The researchers' goal was for no data to be presented in a format that would allow the identification of any participant to be discovered. The data collected from this research was stored on google drive through the account of the California State University of San Bernardino. The collected data would be erased three years after the project ends. The risk of this research was minimal to the participants. However, the researchers acknowledged that some of the questions could have been difficult or uncomfortable to answer. Because of this, the researchers informed the

participants that there would not be a consequence for skipping any of the questions.

Data Analysis

Quantitative data analysis was utilized to obtain answers to the questions as to this research. The Data analysis was completed using the SPSS statistical analysis software. Qualtrics, LLC is a series of proprietary computer software programs developed to facilitate and automate the process of conducting surveys, polls, intercepts, and reports (“Software”), products and related systems, security, updates, and improvements thereto, and support services accessed by the requester using a web browser and the Internet. The data collected from this research was analyzed by CSUSB IBM SPSS Statistic software and stored on google drive through the account of the California State University of San Bernardino.

Descriptive statistics were conducted to understand the demographic 23 profile of the respondents, including; years the participant has worked as a Social Worker, experience working with foster children with medical complexities, social worker classification (Emergency Responder, Court Dependency, Continuing Services, and Child Welfare Specialized Medical Service), level of education, degree background, and the number of training completed in preparation with working with children with medical complexities.

A Pearson coefficient correlation was utilized to analyze the relationship between years of experience in the field and level of competency. Also for the relationship between the amount of training taken and the level of competency. These variables have a ratio level of measurements. In addition, Kendall's Tau correlation coefficient, which measures the relationship between two columns of ranked data was also used for this research.

Summary

This chapter provided an outline of the study design, sampling methods, measurements for data collection, procedures, and protection of human subjects, and data analysis that occurred for this study. The study utilized quantitative methods of data analysis. Using an online survey design, data were collected and interpreted via a correlational analysis to observe the extent to which the independent variables influenced the participant's perceived competence and confidence in working with foster children with medical complexities. The study was approved by the IRB at the researcher's institution. Participants' data were handled in agreement with the protection of human subjects.

CHAPTER FOUR

RESULTS

Introduction

This chapter will review the survey findings, including participant demographics, descriptive information on the relevant independent and dependent variables, bivariate analyses utilizing standard independent samples, analyses of the Pearson and Kendall's Tau correlation coefficients.

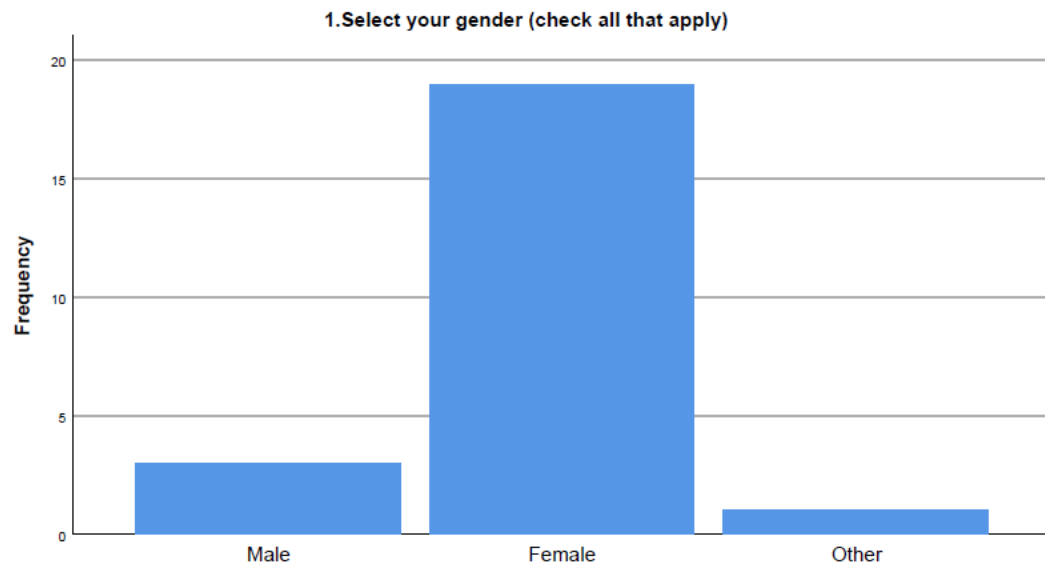
Demographics

The sample population aimed was 30, but only 23 participants completed the survey in its entirety. This research consisted of 13% males, 86% females, and 4.3% identified as other. The mean was 1.91 and the median 2.00.

FIGURE 1. Gender Responses Frequency Table and Bar Chart

1. Select your gender (check all that apply)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	3	13.0	13.0	13.0
	Female	19	82.6	82.6	95.7
	Other	1	4.3	4.3	100.0
	Total	23	100.0	100.0	

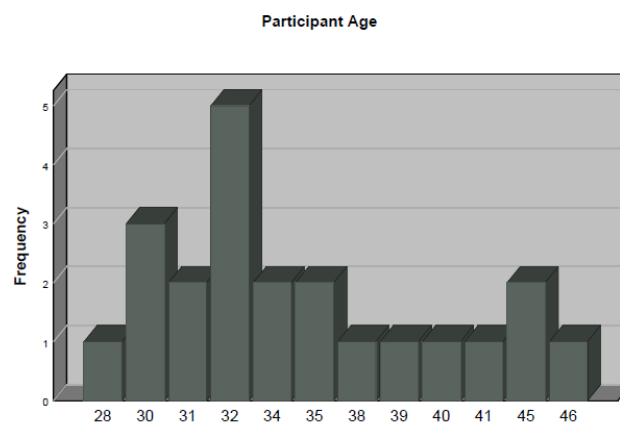


The ages of the participants range from 28 to 46 years old; 4.5% were 28 years old, 13.6% were 30, 9.1% were 31 years old, 22.7% were 32 years old, 9.1% were 34 years old, 9.1% were 35 years old, 4.5% were 38 years old, 4.5% were 39 years old, 4.5% were 40 years old, 4.5% were 41 years old, 9.1% were 45 years old, and 4.5% were 46 years old. The mean was 35.09 and the median was 33.00. It is to be noted that answering this question was optional. Figure 2 represents these findings.

Figure 2. Age Responses Frequency Table and Bar Chart

2. Age _____ (it is optional to answer this question)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	28	1	4.3	4.5	4.5
	30	3	13.0	13.6	18.2
	31	2	8.7	9.1	27.3
	32	5	21.7	22.7	50.0
	34	2	8.7	9.1	59.1
	35	2	8.7	9.1	68.2
	38	1	4.3	4.5	72.7
	39	1	4.3	4.5	77.3
	40	1	4.3	4.5	81.8
	41	1	4.3	4.5	86.4
	45	2	8.7	9.1	95.5
	46	1	4.3	4.5	100.0
	Total	22	95.7	100.0	
Missing	System	1	4.3		
Total		23	100.0		



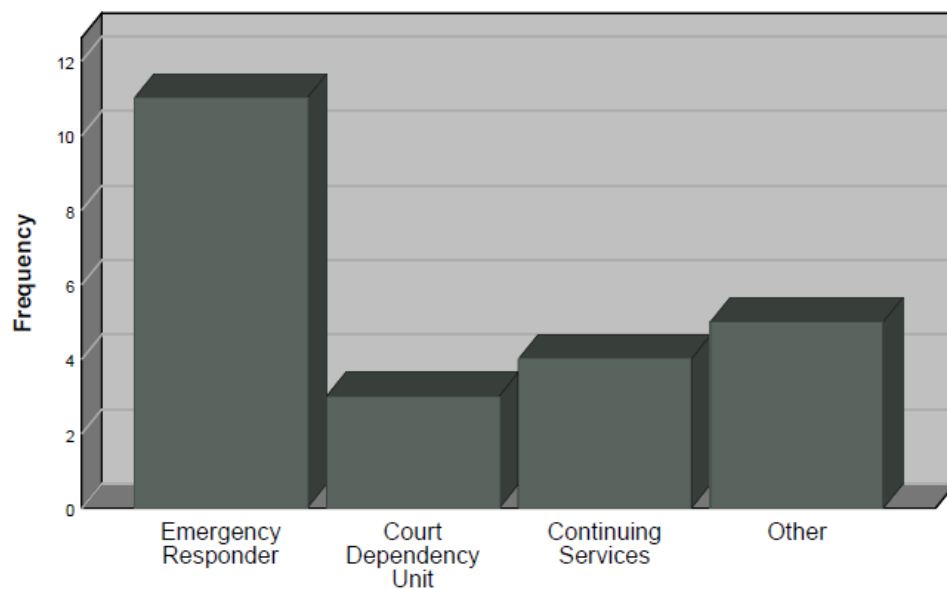
The participant's social work classification were the following; 47% Emergency Responder, 13% Court Dependency Unit, 17.4% Continuing Services and 21.7% other. Figure 3 represents these findings.

Figure 3. Classification Responses Frequency Table and Bar Chart

3. Select your classification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Emergency Responder	11	47.8	47.8	47.8
	Court Dependency Unit	3	13.0	13.0	60.9
	Continuing Services	4	17.4	17.4	78.3
	Other	5	21.7	21.7	100.0
	Total	23	100.0	100.0	

Professional Classification of Participant

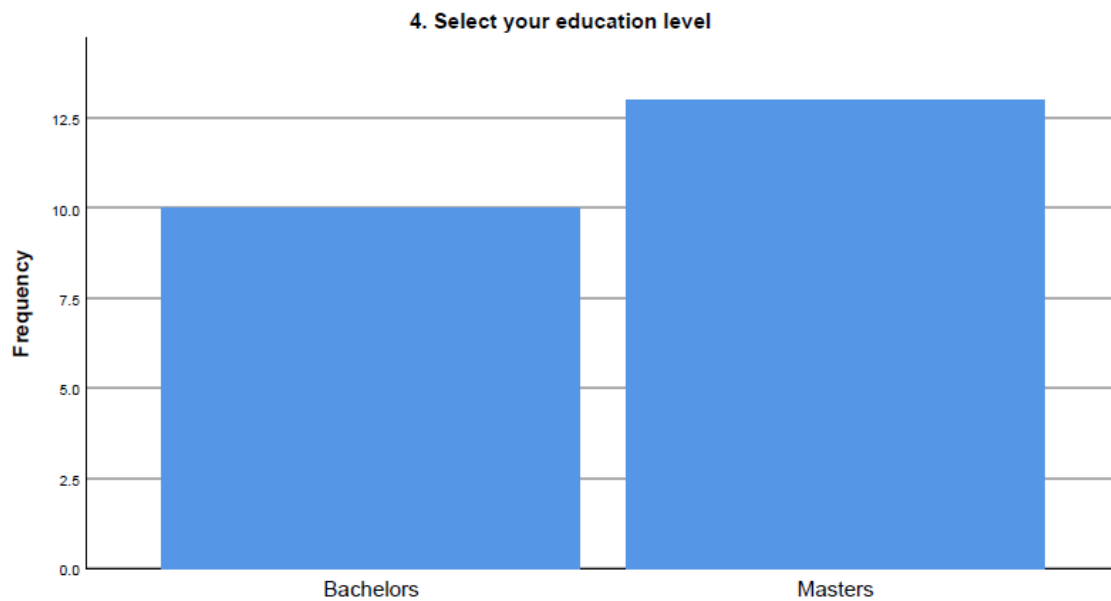


The question that asked participant(s) to select their education level yielded the following answers; 43.5% (10) possessed a Bachelor's degree and 56.5% (13) possessed a Master's degree. Figure 4 represents these findings.

Figure 4. Education Responses Frequency Table and Bar Chart

4. Select your education level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelors	10	43.5	43.5	43.5
	Masters	13	56.5	56.5	100.0
	Total	23	100.0	100.0	

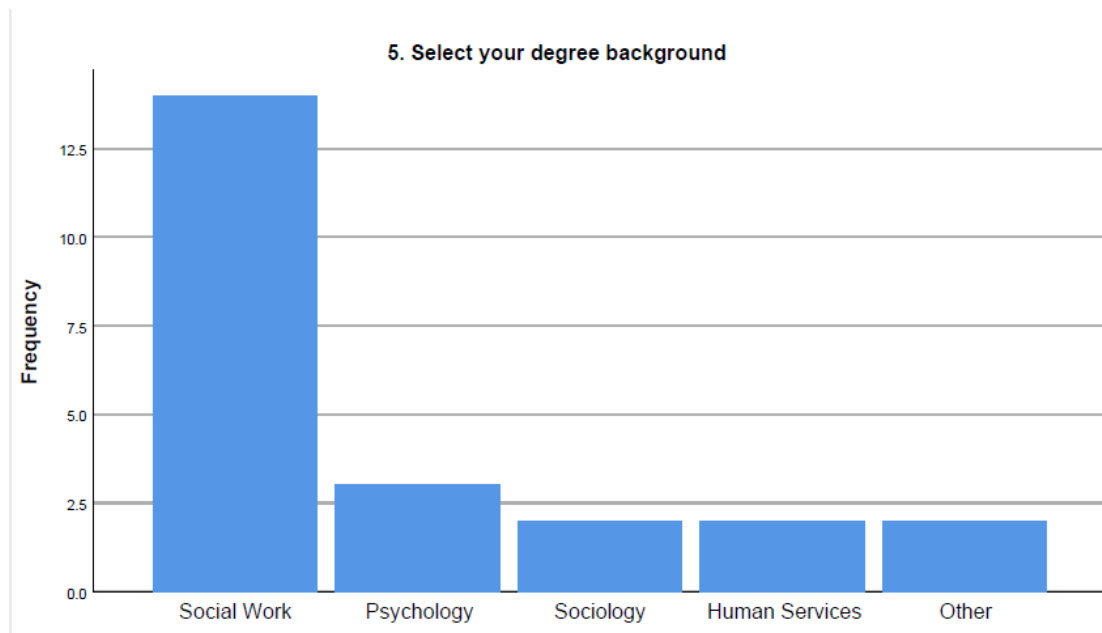


The question that asked participant (s) what was their degree background yielded the following responses; 60.9% Social Work, 13% Psychology, 8.7% Sociology, 8.7% Human Services, and 8.7% other. The mean was 1.91, median 1.0, and standard deviation 1.37. Figure 5 represents these findings.

Figure 5. Degree Responses Frequency Table and Bar Chart

5. Select your degree background

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Social Work	14	60.9	60.9	60.9
	Psychology	3	13.0	13.0	73.9
	Sociology	2	8.7	8.7	82.6
	Human Services	2	8.7	8.7	91.3
	Other	2	8.7	8.7	100.0
	Total	23	100.0	100.0	



The question regarding the time participants have worked in Child Welfare was formulated as rating/ordinal. The answers provided were the following: 4.3% less than one year, 52.2% 3-5 years, and 43.5% 6 or more years. The mean was 3.35, median 3.00, and standard deviation .714. Figure 6 represents these findings.

Figure 6. Time in Child Welfare Responses Frequency and Bar Chart

6. Select the time you have worked in Child Welfare

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than one year	1	4.3	4.3	4.3
	3-5 years	12	52.2	52.2	56.5
	6 or more years	10	43.5	43.5	100.0
	Total	23	100.0	100.0	

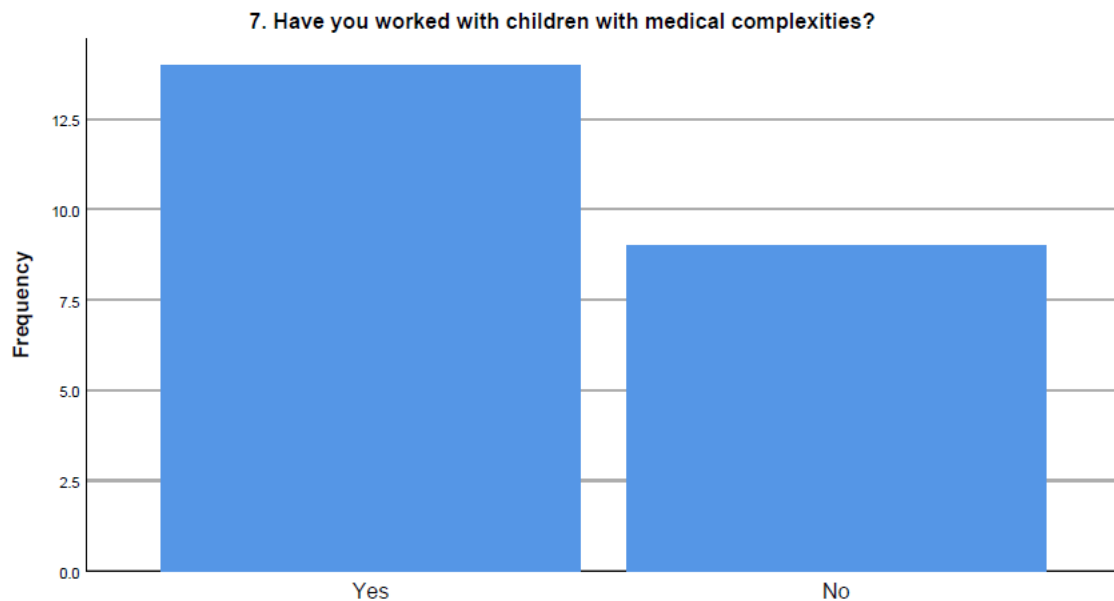


The question that asked the participant(s) if they worked with children with medical complexities yielded the following responses; 60.9% (14) yes and 39.1% (9) No. Figure 7 represents these findings.

Figure 7. Experience with Working with Children Medical Complexities Yes/No Responses Frequency Table and Bar Chart

7. Have you worked with children with medical complexities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	60.9	60.9	60.9
	No	9	39.1	39.1	100.0
	Total	23	100.0	100.0	

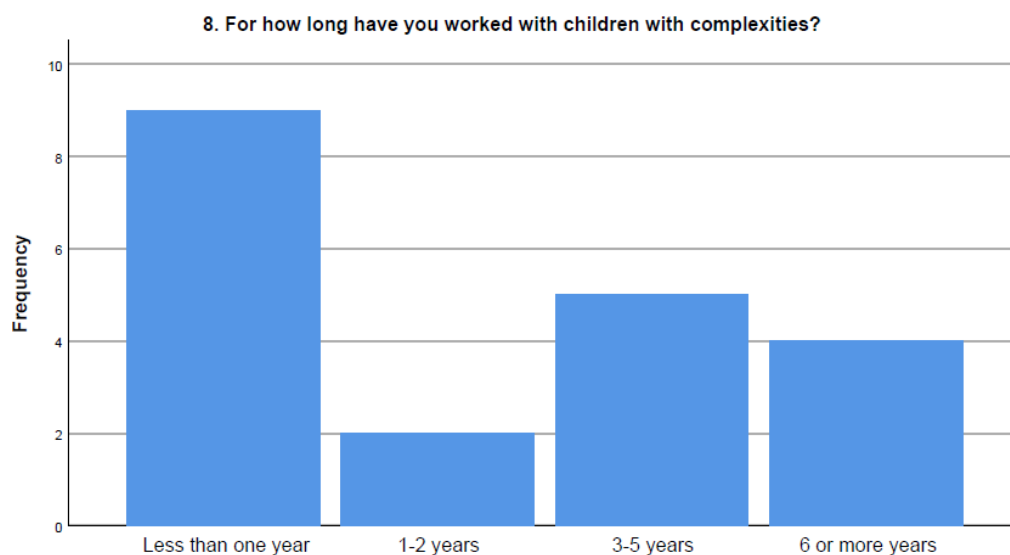


The question that inquired about the participant's quantity of time working with children with medical complexities yielded the following responses; 45% less than one year, 10% 1-2 years, 25% 3-5 years, and 20% 6 or more years. The mean was 2.20, the median 2.00, and the standard deviation 1.24. It is to be noted that 20 answers were valid, but 3 were missing. Figure 8 represents these findings.

Figure 8. Time Worked with Children with Medical Complexities Responses Frequency Table and Bar Chart

8. For how long have you worked with children with complexities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than one year	9	39.1	45.0	45.0
	1-2 years	2	8.7	10.0	55.0
	3-5 years	5	21.7	25.0	80.0
	6 or more years	4	17.4	20.0	100.0
	Total	20	87.0	100.0	
Missing	System	3	13.0		
Total		23	100.0		

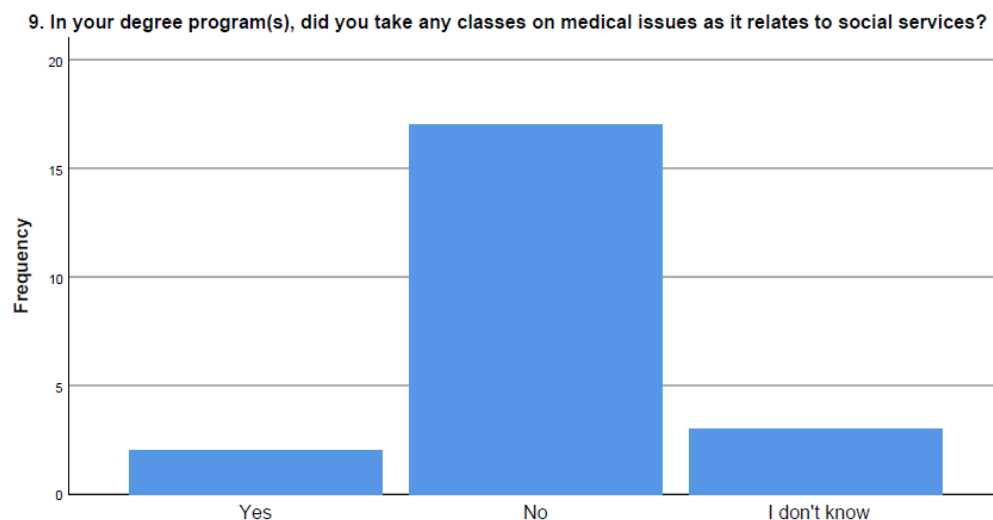


The question that inquired about the participants taking any classes on medical issues as it relates to social work as part of their degree program yielded the following responses; 9.1% (yes), 77.3% (no), and 13.6% (I don't know). The mean was 2.05, median 2.00, and standard deviation .486. It is to be noted that 22 answers were valid, but 1 was missing. Figure 9 represents these findings.

Figure 9. Education on Medical Issues Responses Frequency Table and Bar Chart

9. In your degree program(s), did you take any classes on medical issues as it relates to social services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	8.7	9.1	9.1
	No	17	73.9	77.3	86.4
	I don't know	3	13.0	13.6	100.0
	Total	22	95.7	100.0	
Missing	System	1	4.3		
Total		23	100.0		



The question that inquired about the participants about receiving training to work with children with medical complexities during their hiring training yielded the following responses; 33.3% yes, and 66.7% no. The mean was 1.67, median 2.00, and standard deviation .483. It is to be noted that 21 answers were valid, but 2 were missing. Figure 10 represents these findings.

Figure 10. Training Responses Frequency Table and Bar Chart

10. During my hiring training, I received training to work with children with medical complexities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	30.4	33.3	33.3
	No	14	60.9	66.7	100.0
	Total	21	91.3	100.0	
Missing	System	2	8.7		
Total		23	100.0		

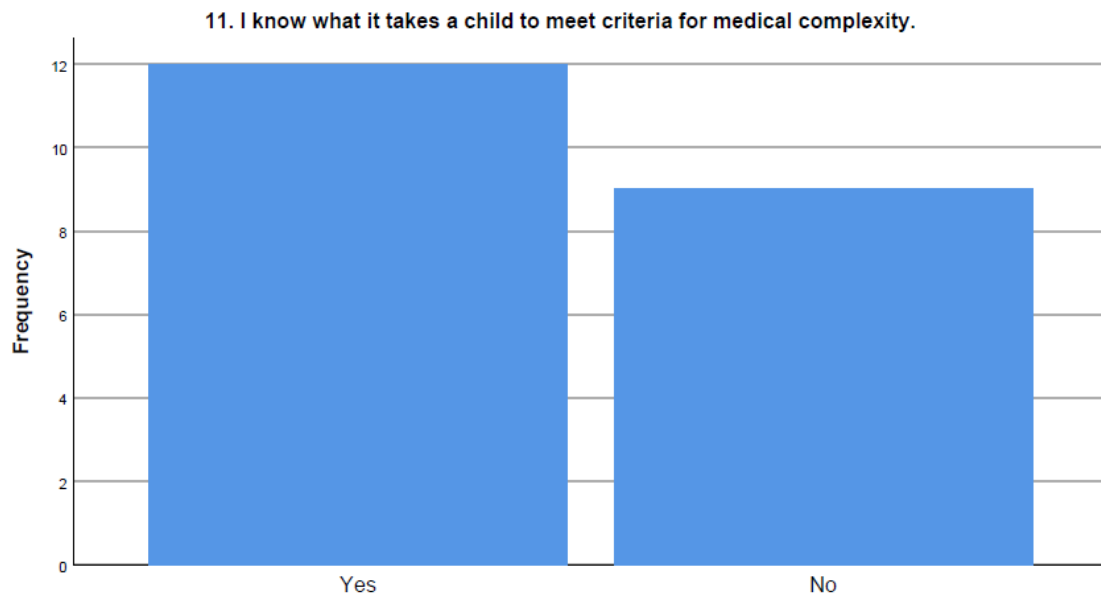


The question that inquired if the participant (s) knew what it takes children to meet criteria for medical complexity status yielded the following responses; 57.1% yes, and 42.9% no. The mean was 1.43, median 1.00, and standard deviation .507. It is to be noted that 21 answers were valid, but 2 were missing. Figure 11 represents these findings.

Figure 11. Knowledge about Criteria for Medical Complexities Responses
Frequency Table and Bar Chart

11. I know what it takes a child to meet criteria for medical complexity.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	52.2	57.1	57.1
	No	9	39.1	42.9	100.0
	Total	21	91.3	100.0	
Missing	System	2	8.7		
Total		23	100.0		

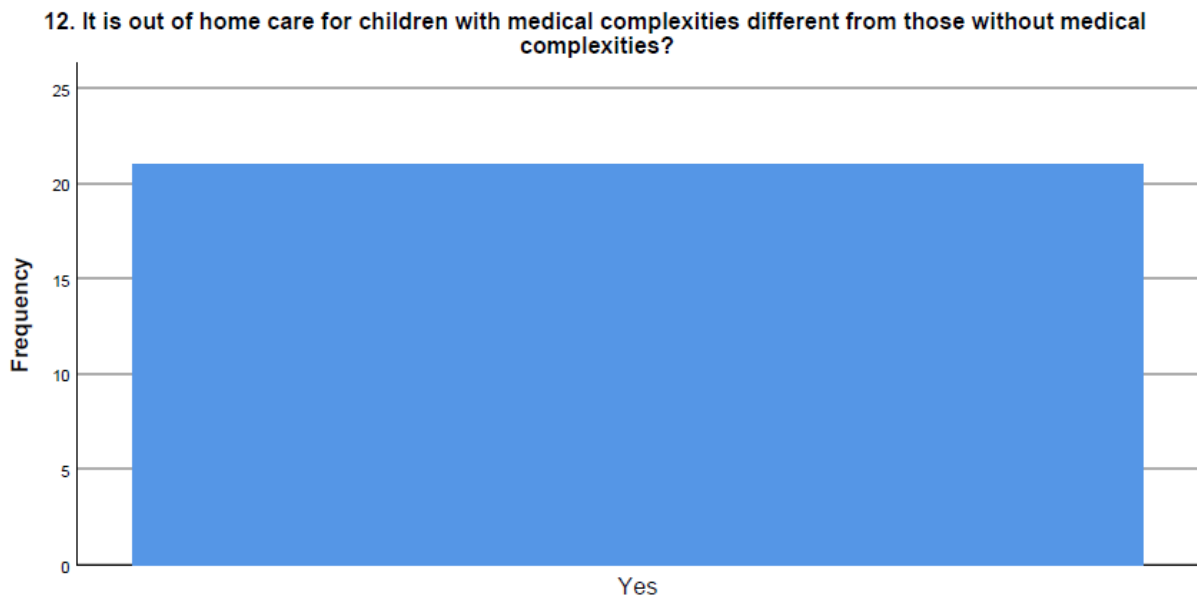


The question that asked the participant (s) if the out-of-home care for children with medical complexities was different from those without medical complexities yielded the following responses; 91.3% (21) yes, and 8.7% (2) did not respond to this question. Figure 12 represents these findings.

Figure 12. Out of Home Care Difference Responses Frequency Table and Bar Chart

12. It is out of home care for children with medical complexities different from those without medical complexities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	91.3	100.0	100.0
Missing	System	2	8.7		
Total		23	100.0		

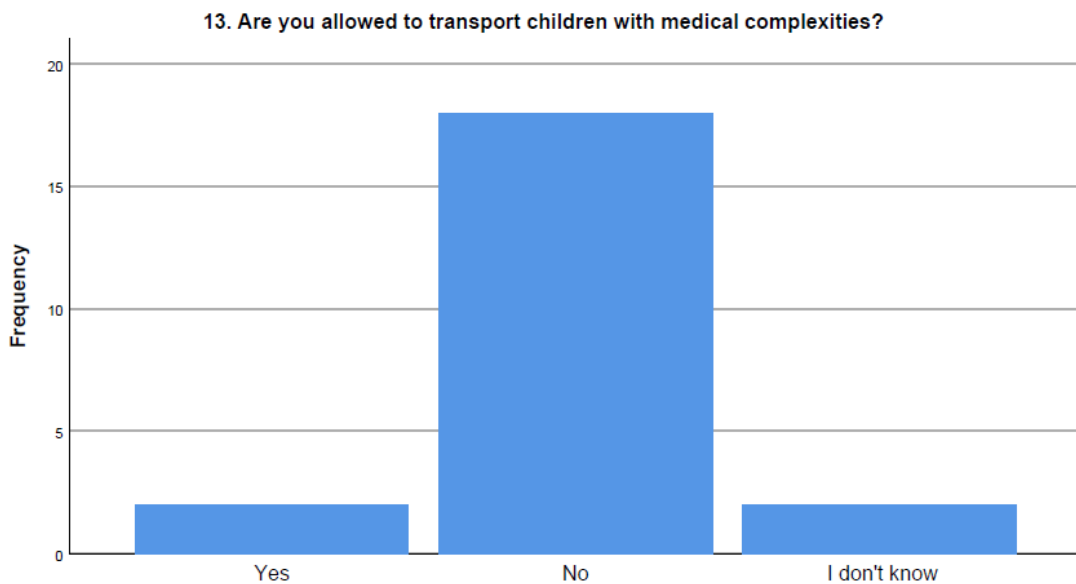


The question that asked the participant (s) if social workers are allowed to transport children with medical complexities yielded the following responses; 9.1% yes, 81.8% no, and 9.1% indicated they did not know. The mean was 2.00, median 2.00, and standard deviation .436. It is to be noted that 22 answers were valid, but 1 was missing. Figure 13 represents these findings.

Figure 13. Transportation Responses Frequency Table and Bar Chart

13. Are you allowed to transport children with medical complexities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	8.7	9.1	9.1
	No	18	78.3	81.8	90.9
	I don't know	2	8.7	9.1	100.0
	Total	22	95.7	100.0	
Missing	System	1	4.3		
Total		23	100.0		

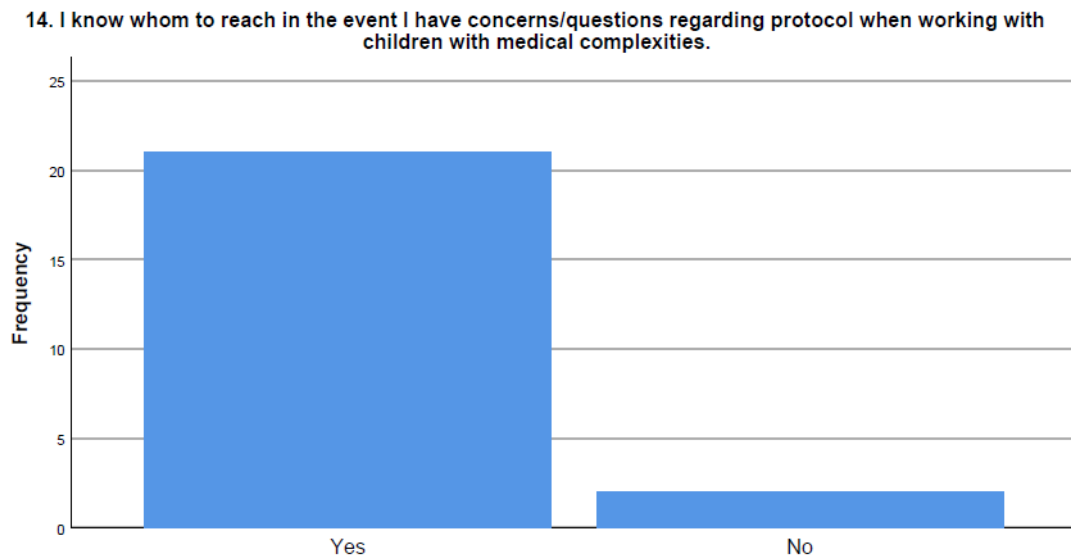


The question that asked the participant (s) if they knew who to reach in the event they had concerns/questions regarding the protocol to work with children with medical complexities yielded the following responses; 91.3% yes, and 8.7% no. The mean was 1.09, median 1.00, and standard deviation .288. Figure 14 represents these findings.

Figure 14. Protocol/Concerns Responses Frequency Table and Bar Chart

14. I know whom to reach in the event I have concerns/questions regarding protocol when working with children with medical complexities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	91.3	91.3	91.3
	No	2	8.7	8.7	100.0
	Total	23	100.0	100.0	



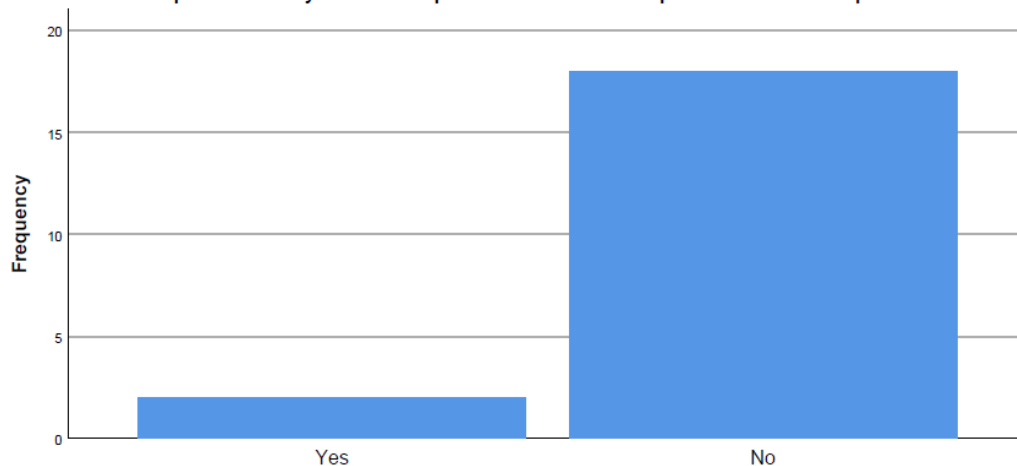
The question that asked the participant (s) if in the event a child with medical complexity required surgery or other high-risk medical procedure, the foster parent was always allowed to provide consent for the procedure to be completed yielded the following responses; 8.7% (2) yes, 78.3% (18) no, and 13% (3) did not respond this question. The mean was 1.90, median 2.00, and standard deviation .308 Figure 15 represents these findings.

Figure 15. Consent for Procedure Responses Frequency Table and Bar Chart

15. In the event a child with a medical complexity requires surgery or other high-risk medical procedure, the foster parent is always allowed to provide consent for the procedure to be completed.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	8.7	10.0	10.0
	No	18	78.3	90.0	100.0
	Total	20	87.0	100.0	
Missing	System	3	13.0		
Total		23	100.0		

15. In the event a child with a medical complexity requires surgery or other high-risk medical procedure, the foster parent is always allowed to provide consent for the procedure to be completed.

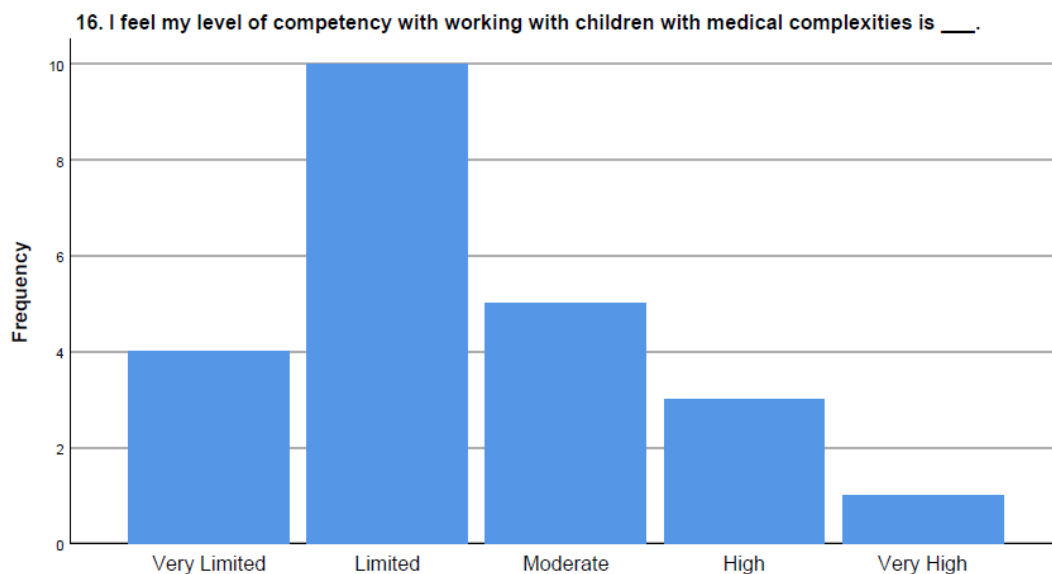


The question that asked the participant (s) to rate their level of competency with working with children with medical complexities yielded the following responses; 17.4% very limited, 43.5% limited, 21.7% moderate, 13% high, and 4.3% very high. The mean was 3.43, median 3.00, and standard deviation 1.080. Figure 16 represents these findings.

Figure 16. Level of Competency Responses Frequency Table and Bar Chart

16. I feel my level of competency with working with children with medical complexities is ____.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Limited	4	17.4	17.4	17.4
	Limited	10	43.5	43.5	60.9
	Moderate	5	21.7	21.7	82.6
	High	3	13.0	13.0	95.7
	Very High	1	4.3	4.3	100.0
	Total	23	100.0	100.0	



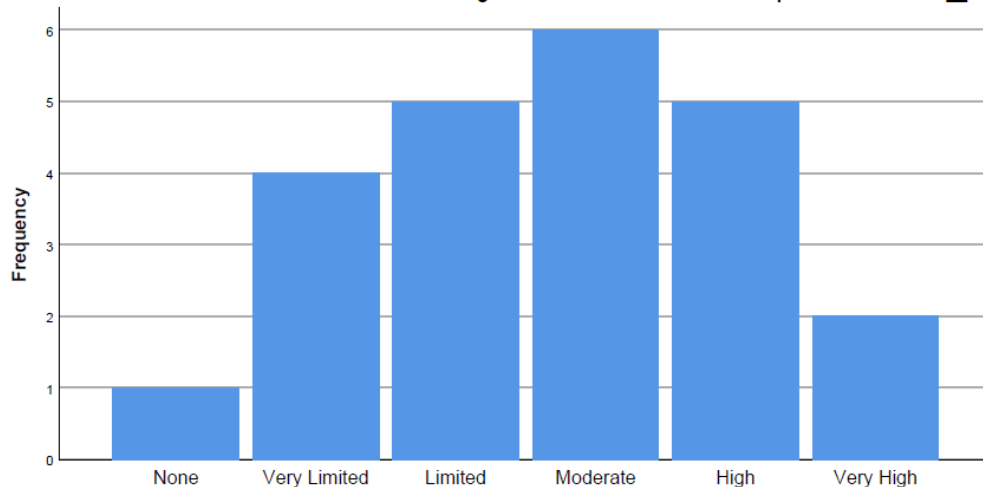
The question that asked the participant (s) about the number of concerns that have experienced when working with children with medical complexities yielded the following responses; 4.3% none, 17.4% very limited, 21.7% limited, 26.1% moderate, 21.7% high, and 8.7% very high. The mean was 3.70, median 4.00, and standard deviation 1.363. Figure 17 represents these findings.

Figure 17. Amount of Concern Response Frequency Table and Bar Chart

17. The amount of concerns I've had when working with children with medical complexities has been ____.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	1	4.3	4.3	4.3
	Very Limited	4	17.4	17.4	21.7
	Limited	5	21.7	21.7	43.5
	Moderate	6	26.1	26.1	69.6
	High	5	21.7	21.7	91.3
	Very High	2	8.7	8.7	100.0
	Total	23	100.0	100.0	

17. The amount of concerns I've had when working with children with medical complexities has been ____.



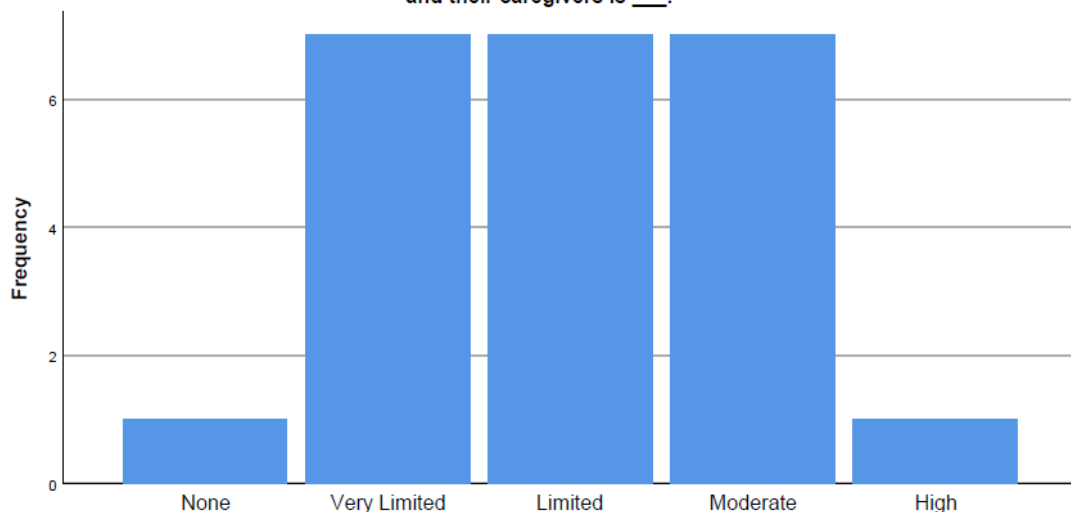
The question that asked the participant (s) about their knowledge regarding community partners who offer services for children with medical complexities and their caregivers yielded the following answers; 4.3% none, 30.4%, very limited, 30.4% limited, 30.4% moderate, and 4.3% high. The mean was 3.00, the median 3.00, and the standard deviation 1.000. Figure 18 represents these findings.

Figure 18. Knowledge of Community Partners Responses Frequency Table and Bar Chart

18. My knowledge regarding community partners who offer services for children with medical complexities and their caregivers is ____.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	1	4.3	4.3	4.3
	Very Limited	7	30.4	30.4	34.8
	Limited	7	30.4	30.4	65.2
	Moderate	7	30.4	30.4	95.7
	High	1	4.3	4.3	100.0
	Total	23	100.0	100.0	

18. My knowledge regarding community partners who offer services for children with medical complexities and their caregivers is ____.



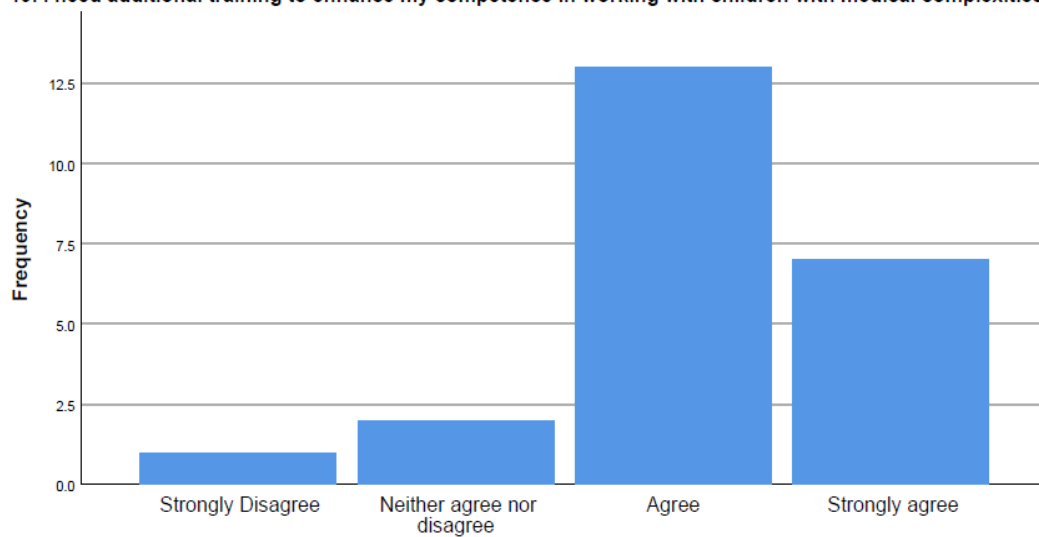
The question that asked the participant (s) if they believed needing additional training to enhance their competence in working with children with medical complexities yielded the following responses; 4.3% strongly agree, 8.7% neither agree nor disagree, 56.5% disagree, and 30.4% strongly agree. The mean was 4.09, median 4.00, and standard deviation .900. Figure 19 represents these findings.

Figure 19. Additional Training Responses Frequency Table and Bar Chart

19. I need additional training to enhance my competence in working with children with medical complexities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	4.3	4.3	4.3
	Neither agree nor disagree	2	8.7	8.7	13.0
	Agree	13	56.5	56.5	69.6
	Strongly agree	7	30.4	30.4	100.0
	Total	23	100.0	100.0	

19. I need additional training to enhance my competence in working with children with medical complexities.



There was an open-ended question, which asked the participant (s) the following question: If you feel you need more training on this topic, what type of training are you interested in taking? five participants out of twenty three provided the following responses; “medical issues, protocols to follow and the social worker's responsibility,” “yes,” “What services are available for family support,” “Understanding different medical conditions/diagnosis,” and “The types of services available for them.”

Bivariate Analyses

A Kendall's Tau test was performed to look at the relationships between the amount of time working in child welfare, the amount of time working with children with medical complexities, and the participant's competency, amount of concerns, knowledge regarding community partners, and need for additional training.

According to Kendall's Tau (20) = .392, $p = .046$, the longer a participant has worked with children with medical complexities, the higher their knowledge of community partners who offer services for children with medical complexities and their caregivers. All other correlations between the amount of time working with medical complexities were not significant, and there were no significant relationships between the amount of time working in child welfare and their competency, amount of concerns, knowledge of community partners, and need for additional training.

According to Kendall's Tau $t(21)=2.64$, $p=.015$, participants that have experience working with children with medical complexities report significantly higher levels of perceived competency in working with this population than people without experience. However, there is not a significant difference between groups in the areas of amount of concern about working with children with medical complexities, knowledge regarding community partners working with this population, or a need for additional training on this topic.

According to Kendall's Tau $t(19)=-2.60$, $p=.018$, participants that did not receive training on working with children with medical complexities are more likely to agree with the statement that they need additional training on this topic. However, the two groups do not differ on the areas of the level of competency, amount of concerns, or knowledge of community partners. (Appendix C represents Kendall's tau test 1, Appendix D represents Kendall's Tau test 2, Appendix-E, represents Kendall's tau test 3).

Conclusion

This chapter provided a summary of the responses to the survey. The findings included a descriptive statistical analysis regarding the participant's demographics, followed by the results of the bivariate analysis using the Kendall's Tau test.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to provide an interpretation of the results from the descriptive statistical analysis, bivariate analysis using the Kendall's Tau test, and responses to the survey's open question.

Discussion

These researchers' intended to examine whether factors including but not limited to the participants' job classification, education level, degree's background, experience, and completion of training related to the care of foster care children with medical complexities influenced their perceptions and competence in working with foster children with medical complexities.

The descriptive statistical analysis revealed that the majority of the respondents (12) indicated that they have worked in child welfare for 3-5 years and ten others indicated that they had worked in child welfare for more than 6 years. Fourteen participants indicated they had worked with children with medical complexities before. Twenty-one of the respondents stated knowing that out-of-home care for children with medical complexities was different from those without medical complexities. Eighteen participants agreed that transporting children with medical complexities was not allowed. Eighteen participants denied foster parents could provide consent for surgery and other high-risk procedures.

Twenty-one participants indicated that they knew whom to reach out to in the event they had concerns about protocols related to working with children with medical complexities. This information implies that most of the participants were experienced social workers that had been working in child welfare beyond the probationary period of twelve months. Based on the aforementioned responses it appears that these respondents perceived having a satisfactory competence in working with foster children with medical complexities.

Kendall's test supported that the participants that had experience working with children with medical complexities reported significantly higher levels of perceived competency in working with this population than people without experience. It also indicated that the longer a participant worked with children with medical complexities, the higher their knowledge of community partners who offer services for children with medical complexities and their caregivers. The results of this study were able to answer the question "What are social workers' perceived level of competence in working with children with medical complexities?" since most of the respondents perceived to have a satisfactory level of competence in working with children with medical complexities. Nevertheless, these researchers believe that the responses obtained could have been from social workers introduced to the duties of the Child Welfare's PHN and/or Child Welfare Specialized Medical Service units during their lengthy social work career.

Even though most of the respondents did not indicate facing major challenges when working with foster children with medical complexities, more than half of the respondents confirmed that they lacked education and training on medical issues related to social services. For instance, seventeen participants denied having taken classes on medical issues related to social services, fourteen participants denied that during their hiring training they received training related to working with children with medical complexities, thirteen participants agreed they needed additional training to enhance their competence in working with children with medical complexities, and five participants answered the open-ended question that allowed them to identify the training they were interested in regarding working with children with medical complexities.

Kendall's Tau test also revealed that the participants who did not receive training in working with children with medical complexities were more likely to agree with the statement that they needed additional training on this topic. This information supported some of the concerns noted in the literature review as to training. The literature noted several of Masters of Social Work (MSW) students believed their interdisciplinary practice was limited and suggested additional training be accessible to aspiring social workers. Further, the literature indicated that newly hired social workers complained about their introductory training not being realistic in presenting issues about serving clients with specialized needs. However, the results of this study did not corroborate these researchers' hypotheses, because despite the number of participants that stated that they did

not receive training in this topic the majority of the participants perceived having satisfactory competence in working with foster children with medical complexities.

Overall, the findings of this research indicated that both experienced and new social workers denied having received education or training on this topic and the responses to these research suggested that social workers acquired skills to work with children with medical complexities through their work experience over time.

Even though this research included a question relating to caregivers' ability to provide consent for medical surgery or other high-risk medical procedures, not enough information was obtained through this research to support existing concerns from caregivers. Findings do not directly align with the literature review regarding caregivers' concerns, because this research was not designed to include caregivers as its participants. Consequently, caregivers' perceptions, views, and/or suggestions were not examined in this study.

This study also included a question relating to the difference between placement for foster children and placement for foster children with medical complexities. However, this question was not specifically designed to obtain information regarding placement issues. Consequently, the findings of this research did not corroborate the literature review's existing concerns about the limited amount of placements for foster children with medical complexities.

Furthermore, this study included a question relating to social workers' knowledge about community partners that offer services for children with medical complexities and their caregivers. However, this question was not designed to obtain information regarding existing community partner resources that serve this specific population and their caregivers. To examine and corroborate the literature review as to this concern the study should have also included caregivers and community partner representatives.

Regarding the theory of empowerment, this study's findings was able to analyze social workers' self-awareness about the care and case management of children with medical complexities. Social worker participants in this study were able to measure their knowledge in working with medical complexities by answering the questions in the survey of this study. Separately, the findings of this research supported the idea of empowering social workers through education about the protocols to serve foster children with medical complexities and their families.

Limitations

There were limitations to this study. The most significant limitation associated with this study was having a non-probability purposive sample that was significantly small. It also lacked diversity amongst social workers, as its participants were mostly experienced, social workers. The use of a standardized measure was not possible and given time constraints, an actual knowledge

assessment was not administered with the participants of this study. Further, our survey was distributed primarily via Facebook and Instagram amongst acquaintances of these researchers. This information suggests that most participants were more than likely residents from Southern California, therefore; the results of this study do not reflect the perceptions of social workers nationwide. This means that generalizing findings to the general population of social workers was not accomplished and this should be taken into consideration while reviewing these findings.

Recommendations

Future research or replication of this study could enhance the findings of this study by using a larger sample size that could represent the perceptions of future, newly, and experienced social workers nationwide. The use of a control group, where one group could have received education/training on foster care children's medical issues and where the other group did not, would provide more accurate findings as to the perceptions of social workers in working with children with medical complexities. Further, a more detailed assessment of the competency of social workers and their comfort in working with children with medical complexities is also recommended. It is important that future research must explore how the lack of training/education regarding medical issues could directly affect the care and treatment of children with medical complexities in out-of-home care. The community will benefit from a new study relevant to the topics above because based on its outcome Child Welfare agencies may be or may not

be influenced in promoting more training for social workers to enhance their competency to better meet the needs of children with medical complexities and their caregivers.

Conclusion

This chapter reviewed the findings of this research and compared it to some of the aspects of the literature review. It was determined that the data of this research was sufficient to answer the question “What are social workers' perceived levels of competence in working with children with medical complexities?” However, it did not corroborate the hypothesis of these researchers. Multiple limitations were noted and these researchers made recommendations for future research.

APPENDIX A
SURVEY
DEVELOPED BY ELIA GALICIA AND ROSA ESPINOZA

Q1. Select your gender (check all that apply)

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (3)
- ☐ Rather not say (4)

Q2. Age _____(it is optional to answer this question)

Q3. Select your classification

- ☐ Emergency Responder (1)
- ☐ Court Dependency Unit (2)
- ☐ Continuing Services (3)
- ☐ Child Welfare Specialized Medical Service Unit (4)
- ☐ Other (5)

Q4. Select your education level

- ☐ Associates (1)
- ☐ Bachelors (2)
- ☐ Masters (3)
- ☐ PhD or equivalent (4)

Q5. Select your degree background

- ☐ Social Work (1)
- ☐ Psychology (2)
- ☐ Sociology (3)
- ☐ Human Services (4)
- ☐ Other (5)

Q6. Select the time you have worked in Child Welfare

- ☐ Less than one year (1)
- ☐ 1-2 years (2)
- ☐ 3-5 years (3)
- ☐ 6 or more years (4)

Q7. Have you worked with children with medical complexities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I am not sure (3)

Q8. For how long have you worked with children with complexities?

- ☐ Less than one year (1)
- ☐ 1-2 years (2)
- ☐ 3-5 years (3)
- ☐ 6 or more years (4)

Q9. In your degree program(s), did you take any classes on medical issues as it relates to social services?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q10. During my hiring training, I received training to work with children with medical complexities.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q11. I know what it takes a child to meet criteria for medical complexity.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q12. It is out of home care for children with medical complexities different from those without medical complexities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q13. Are you allowed to transport children with medical complexities?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q14. I know whom to reach in the event I have concerns/questions regarding protocol when working with children with medical complexities.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q15. In the event a child with a medical complexity requires surgery or other high-risk medical procedure, the foster parent is always allowed to provide consent for the procedure to be completed.

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

Q16. I feel my level of competency with working with children with medical complexities is ____.

- ☐ None (1)
- ☐ Very Limited (2)
- ☐ Limited (3)
- ☐ Moderate (4)
- ☐ High (5)

☐ Very High (6)

Q17. The amount of concerns I've had when working with children with medical complexities has been ____.

☐ None (1)

☐ Very Limited (2)

☐ Limited (3)

☐ Moderate (4)

☐ High (5)

☐ Very High (6)

Q18. My knowledge regarding community partners who offer services for children with medical complexities and their caregivers is ____.

☐ None (1)

☐ Very Limited (2)

☐ Limited (3)

☐ Moderate (4)

☐ High (5)

☐ Very High (6)

Q19. I need additional training to enhance my competence in working with children with medical complexities.

☐ Strongly Disagree (1)

☐ Disagree (2)

☐ Neither agree nor disagree (3)

☐ Agree (4)

☐ Strongly agree (5)

Q20. If you feel you need more training on this topic, what type of training are you interested in taking? _____

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to analyze the competency of Social Workers in working with children with medical complexities. The study is being conducted by Elia Galicia and Rosa Espinoza, graduate students, under the supervision of Dr. Carolyn Mc Allister, Director of the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of this study is to understand the perceptions of Social Workers working with children with medical complexities in the foster care system.

DESCRIPTION: Participants will be asked questions regarding their years of experience working as a social worker, specific questions regarding the protocol of working with children with medical complexities, and trainings received to work with this specific population.

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

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in-group form only.

DURATION: It will take less than 15 minutes to complete the one time online survey.

RISKS: Although the risk is minimal, there could be some questions the respondent may feel uncomfortable responding to. In the event this occurs, the respondent may skip the question and there will be no consequence for it. There will not be any direct benefits to the participants.

BENEFITS: There will not be any direct benefits to the participants. However, the community will benefit from this study as it will analyze the competency of Social Workers work with children with medical complexities. Based on the outcome of the research, Schools of Social Work may be influenced to incorporate medical training in their curriculum to enhance social workers skills to better serve the population of children with medical complexities.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McAllister at cmcallis@csusb.edu

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

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Yes

No

APPENDIX C
KENDALL'S TAU TEST

Correlations

Kendall's tau_b			18. My knowledge regarding community partners who offer services for children with medical complexities and their caregivers is ____.	19. I need additional training to enhance my competence in working with children with medical complexities.
	6. Select the time you have worked in Child Welfare	Correlation Coefficient	-.079	-.068
		Sig. (2-tailed)	.682	.734
		N	23	23
	8. For how long have you worked with children with complexities?	Correlation Coefficient	.392*	-.231
		Sig. (2-tailed)	.046	.253
		N	20	20
	16. I feel my level of competency with working with children with medical complexities is ____.	Correlation Coefficient	.317	-.171
		Sig. (2-tailed)	.079	.361
		N	23	23
	17. The amount of concerns I've had when working with children with medical complexities has been ____.	Correlation Coefficient	.110	-.006
		Sig. (2-tailed)	.532	.976
		N	23	23
	18. My knowledge regarding community partners who offer services for children with medical complexities and their caregivers is ____.	Correlation Coefficient	1.000	-.270
		Sig. (2-tailed)	.	.151
		N	23	23
	19. I need additional training to enhance my competence in working with children with medical complexities.	Correlation Coefficient	-.270	1.000
		Sig. (2-tailed)	.151	.
		N	23	23

*. Correlation is significant at the 0.05 level (2-tailed).

APPENDIX D
IRB APPROVAL LETTER



August 10, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-168

Carolyn McAllister Rosa Imelda Espinoza, Elia Galicia
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Rosa Imelda Espinoza, Elia Galicia:

Your application to use human subjects, titled "Social work challenges in working with medically fragile foster children," has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillespie@csusb.edu. Please include your application approval number IRB-FY2021-168 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/IMG

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ASSIGNED RESPONSIBILITIES

This was a two person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Joint effort: Elia Galicia and Rosa Espinoza

2. Data Entry and Analysis:

Joint effort: Elia Galicia and Rosa Espinoza

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Assigned leader: Elia Galicia

Assisted by: Rosa Espinoza

- b. Methods

Joint effort: Elia Galicia and Rosa Espinoza

- c. Results

Joint effort: Elia Galicia and Rosa Espinoza

- d. Discussion

Joint effort: Elia Galicia and Rosa Espinoza