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WHAT ARE THE EXPERIENCES OF FOSTER PARENTS WHO ARE
RAISING SPECIAL NEEDS CHILDREN IN ACCESSING
SERVICES NEEDED

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
Loretta Jean Isaacson
Robbie Palmer Thomas


September 2004

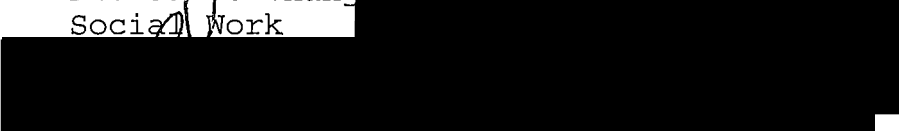
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8/31/04
Date

ABSTRACT

Although client satisfaction information is often ignored, it is a critical piece of the picture when evaluating the service experience of foster parents who have special needs children placed in their home. This article describes the development of a client satisfaction instrument and information generated from its use.

This article will assist in documenting foster parents' experiences in accessing needed services, and determining what difficulties were overcome in obtaining services, and suggesting what an agency can do to enhance the attainment of these services by foster parents.

ACKNOWLEDGMENTS

We would like to thank Dr. Janet Chang, Faculty Supervisor, and Dr. Rosemary McCaslin, M.S.W. Research Coordinator, for all of their help and support in the completion of our project.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Since the 1980's there has been a tremendous increase in the need for foster families because of the effects of drug abuse on the child and the biological family. In the United States there are as many as 500,000 children currently living with foster families (U.S. Department of Health and Human Services [USDHHS], 1997).

The demand for foster care nationwide was estimated to have increased 29 percent between 1986 and 1989; however, the demand for placement for children under the age of six rose about 40 percent. Since 1985, there have been reports that identify increases in foster care placements by 80 to 235 percent (Johnson, 2003).

Many infants who are prenatally exposed to drugs never go home with their parents, and at birth are placed in the foster care system. In a study of ten hospitals, in 1989, an estimated 1,200 of the 4,000 drug exposed infants were placed in foster care (Johnson, 2003). Even if some of these drug exposed infants remain with their birth family, many enter the social services system later on due to parental drug abuse.

Children in the foster care system are more likely to be poor and in poor health in comparison with children of the United States as a whole. The abused and neglected children and troubled families in the child welfare system are confronted with serious health care problems. Low birth weight, prenatal exposure to drugs or alcohol, and exposure to HIV/AIDS or other diseases are often how these children begin their lives. They often lack immunizations and have developmental disabilities that have gone unaddressed (Child Welfare League of America, 1988).

According to the 1997 CWLA Stat Book, in 1995, 715,743 children received out-of-home care services for some period of time. Because their parents are unable or unwilling to care for them, these children live in family foster care with a non-relative, kinship care with a relative, or residential care. The magnitude and the extent of the health care problems facing abused and neglected children are truly alarming (Child Welfare League of America, 2003).

With the knowledge that substance exposed children have special needs apart from other foster children and have started out in life at a disadvantage, what barriers need to be overcome for foster parents to obtain services for these children? Many foster parents encounter problems

trying to differentiate between premature development and the effects of the drugs and alcohol. Helping prospective parents and foster parents understand the myths they face in caring for substance-exposed children it will assist them with early interventions and continued appropriate care. Originally, it was believed that younger children could overcome prenatal drug exposure without any long-term effects. However, families are experiencing residual issues such as Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder (ADD/ADHD), learning disorders, and sensory integration issues (Ashe, 2003).

Foster parents who care for children with special needs may not always receive enough money to provide adequate care. The cost of foster care in 1996 was estimated to be \$3.7 billion dollars. Although this adds up to a great deal of money, it does not translate into adequate financial support for foster families in the United States (USDHHS, 1997).

Foster parents, on average, were given \$344 per month in 1995 to pay for the expenses of a two (2) year old child. However, the cost of raising the same age child in 1993 was estimated to be \$572 per month (American Public Welfare Association, 1995).

Foster care presents other problems as well. For example, sibling groups may be separated, as many foster families may not have the resources or ability to foster more than one child from the same family. More than 85% of children in care have siblings in care, but only 25% are placed together (Barbell, 1996).

One main concern is that as many as 40% of foster parents stop fostering within their first year. In a national study, 64% of foster parents who left the system cited agency-related problems as the main reason, for instance, lack of supportive services in regard to reimbursements for costs accrued above what they received monthly for the child (Barbell, 1995). Although foster parents continued to provide care, in a study of foster parents of cocaine-exposed infants, they reported tremendous difficulties with the social services system, lack of support from their families and society (Barton, 1998). Foster parents reported spending large sums of their own money to get needed toys, clothes, and services for their foster children. They reported difficulties in accessing medical services and social services because of the bureaucracy of the social services system. Also reported was difficulty in obtaining such items as a Medi-Cal card for their foster children (Barton, 1998).

The problem focus of this study is to examine the experiences of service accessibility by foster parents and foster children. This study hopes to explore the reasons behind some of the difficulties that foster parents face, such as lack of available services whether social, health, financial or supportive.

Purpose of the Study

The purpose of the study is to explore the difficulties and experiences that foster parents have in accessing services and what can be done to alleviate some of these obstacles.

Early childhood developmental specialists and child welfare professionals encounter complex challenges in designing programs to improve outcomes for young children with prenatal drug exposure and developmental delays. The intensive psychosocial and biological needs of these children warrant a multidisciplinary intervention approach. Offering an early intervention program to children with developmental delays within a child welfare agency can provide the support of both systems to better serve children within the context of complex family environments (Doelling & Johnson, 1990).

It is known that contact with social services, with or without foster care placement, is associated with substantially higher service use for mental health and medical problems {Doelling & Johnson, 1990}. This may be due to the accessibility of public health insurance or Medicaid. This study will assist in documenting foster parents' experiences in accessing needed services, and determining what difficulties were overcome in obtaining services, and suggesting what an agency can do to enhance the attainment of these services by foster parents.

A quantitative procedure will be used to measure foster parents' responses to services accessed and received for special needs foster children in their care. Using a convenience sample and data obtained from surveys will allow for analysis of services used and obtained.

Significance of the Project for Social Work

This proposed study is relevant to child welfare practice by assisting social workers in understanding the needs and concerns that foster and adoptive parents encounter while caring for special needs children. The large number of special needs children in foster and adoptive care warrants a closer look at accessibility of

services, funding, support and overall satisfaction in connecting with these services by the foster parents.

This study contributes to the significance of social work by examining the effectiveness of the social worker, parent and special needs child relationship. This study has the potential to determine how easily are foster parents accessing the services they need. This study hopes to find that a collaborative effort of agencies and foster parents, social worker and community is an excellent way to develop reasonable policy and procedures to address the disparity in the needs of the child and the connecting with the preventive service. The information derived from the satisfaction survey will broaden social worker and agency awareness of how effective the relationship is between the social worker, foster parent and special needs child.

CHAPTER TWO

LITERATURE REVIEW

Incidence and prevalence

A Greater number of infants and children with increasingly complicated and serious physical, mental, and developmental problems are being placed in foster care each year. Most of these children are placed in foster care because of abuse or neglect occurring within the context of parent's substance abuse, extreme poverty, mental illness, homelessness, or human immunodeficiency virus (HIV) infection (Kools & Kennedy, 2003).

Studies estimating the incidence of prenatal alcohol and drug exposure do not agree upon a precise incidence level. Researchers estimate that up to 2.6 million infants each year are parentally exposed to alcohol and 1.3 children are affected with Fetal Alcohol Syndrome [FAS] (U.S. Department of Health & Human Services [USDHHS], 2003). Schipper (1990) proposed that more than 739,000 women each year use one or more illicit drugs during pregnancy. Therefore, a substance-exposed infant is born once every 90 seconds. Drug-exposed infants reportedly have more difficult behavioral characteristics that may make them more challenging to foster caregivers and that

these children are more likely to remain in foster care for a longer period of time (American Academy of Pediatrics, 2002).

Health Care Problems of Children in Foster Care

As reported by the American Academy of Pediatrics, (1999), many foster children are not having their needs met primarily due to low Medi-Cal reimbursement, followed by lack of medical information about the foster children, and excessive paper work. Additional factors involved in children not receiving proper health care are complicated medical and social issues, poor communication with Department of Children Services, and a risk of court appearance (AAP, 1999).

The emerging literature suggests that health care services for foster children are most effective when services are available without obstacles to access, are comprehensive and allow continuity with a primary care provider. Simms (1994) proposed that these services must be coordinated and integrated with different functions, and are developmentally appropriate, community-based and culturally competent.

Ethnic and Cultural Diversity

Nasuti and Sandell (2003) proposed that a particular concern of the foster care system is the growing number of African American children entering foster care and the lack of Black foster parents to care for them. Researchers estimated that in 1997, in Merced County, California, the number of Hispanic children in foster care were indicated by 46.0% with a slight increase to 47.4% in the year 2000. The number of White children in foster care in 1997 was 32.1% and in the year 2000, the number increased to 35.3%. In comparison, African American children in foster care in 1997 in Merced were 17.5% and slightly decreased in 2000 to 16.4%, (Needel, Webster, Cuccaro-Alamin, Brookhart, & Lery, 2001).

Educational and Informational Services

Gustavasson (1991) proposed that foster children present unique challenges to public schools. They bring to the school setting histories of family chaos and turmoil, of emotional and physical neglect, and of physical and sexual abuse. Schools, child welfare agencies, and other service providers typically do not coordinate their efforts or share information about the children in their systems. As reported by Christian (2004), children in

foster care often lack a consistent and knowledgeable adult who can advocate on their behalf for special education and supplemental services.

Furthermore, the future of young people who "age out" of foster care is severely compromised because they lack strong academic backgrounds Blair (2004).

Recruiting, retaining and supporting foster parents previous studies has shown that finding and retaining qualified foster parents poses a challenge for the foster care system. Substandard rates, changing family structure, difficult children and youth, and an agency and/or government structure that pay too little attention to the needs of the foster parents are contributing factors (AAP, 1994).

Theories Guiding Conceptualization

The psychosocial context and the quality of the relationship from which a child is removed, as well as the quality of alternative out-of-home placement that is being offered during the separation must be carefully evaluated. Maslow's Hierarchy of needs (Maslow 1930) was the guiding theory throughout this research. Children from foster homes, as older adults, upon review of their life accomplishments determine in their own judgment that they

are successful, purposeful, and have led a productive and meaningful life because their basic needs had been met. Maslow proposed that general types of needs such as physiological, safety, love and esteem must be satisfied before a person move towards self-actualization.

Summary

Foster caregivers need a variety of services, including but not limited to emotional support and recognition in order to provide efficient and effective services for the children in out-of-home placement. If all of the above activities sound like "pie in the sky" or that "its' not my job," ask, if not social workers, then who will advocate for the future of foster families?

Although foster parents can generally meet the basic needs of the children in their care, most are ill prepared to manage the complex health problems of these children without professional guidance and support and this seems to be the biggest service need of all. Additionally, the foster parents are usually not empowered to make substantial decisions regarding special medical treatments or evaluations. In consideration of personal service to the foster caregivers, increased respite care service is a

must. The mental health of the foster caregivers is crucial to the well being of the children.

CHAPTER THREE

METHODS

Introduction

The following presents an overview of the steps involved in obtaining and collecting data for the study of foster parents and the services they receive while caring for special needs foster children.

Study Design

The study explored the experience and response of foster parents who cared for foster and/or special needs children. The research method that was used is a quantitative approach. This design would allow for only those variables that can be objectively measured. This method was appropriate in that it objectively gathered individual foster parents' experiences in the care of special needs children. The questionnaire that will be presented to the foster caregivers will be simple and straightforward to assist in reducing the occurrence of uncertainty in completing the form. This design will also allow for duplication of the research. The limitations of the study was, the small sample size received and the lack of a face-to-face interview with the participants. However, this allowed for a more relaxed response in that

the respondents would not feel pressured to please the interviewer or possibly pick up any biases that may be evidenced by the interviewer. The research question is; "What are the experiences of foster parents' who are raising special needs children in accessing services needed?"

Sampling

The data was obtained from a total sample of Fifty (50) foster parents. Fifty (50) completed surveys allowed for an appropriate amount for analysis for research purposes. The selection was randomly based on the record of participating foster parents in the Department of Children's Services of San Bernardino County, California. The criteria for participation in the study will be foster parents who are currently caring for foster and special needs children. Approval to conduct the survey was obtained through the County of San Bernardino's Department of Children's Services. The survey was sent to foster parents whose names and addresses were randomly obtained from the Department of Children's Services foster parent computer database. The participants sampled via mail would be residents of the County of San Bernardino only.

Data Collection and Instruments

Data that was collected was comprised of the services foster parents have been offered and if they accessed services while caring for foster children. It also addressed the client satisfaction level in obtaining these services. The questions addressed issues of if they were receiving Medi-Cal, dental coverage and vision coverage. Also, asked was if they were referred to a support group or outside agencies within their community by their social worker. In addition questions were asked about their marital status, age, gender and ethnicity.

The independent variables were foster child's special needs status and the dependent variable will be the level of satisfaction. A survey will be used to collect the data, which is attached (see Appendix A).

There was not a pre-existing instrument to be used to collect the data. This instrument, in the form of a survey, was created based on basic services that were offered to foster parents in addition to referrals offered to other community services.

This survey was pre-tested on a sample of two individuals to determine the length of time needed for a respondent to complete the survey. The strengths of this type of instrument was, in the clarity of information

asked for and the anonymity in how it was obtained. The weakness was in the total amount of completed surveys received and the lack of a face-to-face interview with prospective respondents.

Procedures

The data was gathered by distributing the surveys to foster parents via a sealed envelope. A cover letter, informed consent, the survey, and a debriefing letter, as well as a postage paid envelope was provided for the participants. The participants were foster parents of children under the care of the Department of Children's Services, San Bernardino County. Data was distributed and collected by Loretta Jean Isaacson and Robbie Palmer Thomas over the summer quarter.

Protection of Human Subjects

The rights and welfare of all participants were protected in the study. Participation was on a voluntary basis, and all individuals who participated signed a letter of informed consent (see Appendix B). Also with the survey, a debriefing statement giving information on who to contact was provided if the participants had any concerns or questions (see Appendix C). No significant risks were apparent in the study. The County of San

Bernardino's Department of Children's Services, were provided with a copy of the study's results. However, individual information that was given by the participants will remain anonymous, and each participant's identity would not be revealed to the Department of Children's Services or any other agency. The findings of the study, was shared with the Department of Children's Services in order to improve services and assist with future research. At the conclusion of the project, any information that would link the identity of an individual was destroyed.

Data Analysis

Data analysis was conducted using a variety of univariate statistics (descriptive statistics, frequencies, measures of central tendencies). Bivariate analyses to assess significant associations among the various variables will be used as well. Other analyses was determined later, based on the questionnaire/survey.

Summary

The research focused on the experiences of foster parents who are caring for special needs children and accessing services needed. The study may be informative to many foster parents (kinship and non-kinship), children

service practitioners, social workers, and others that are interested in foster care children and service needs.

The above steps in the method of obtaining data effectively and adequately allowed for measurement of foster parent satisfaction in accessing services needed while caring for foster children who have special needs.

CHAPTER FOUR

RESULTS

Demographic Characteristics of the Respondents

Table 1 shows the demographic characteristics of the respondents. There were a total of 45 participants in this study. The age of the foster parents in this sample range from 20-71 years and the mean age of the respondents are 49 years. Approximately half of the respondents (44.4%) are between the ages of 51 and over, 33.3% are between 41 and 50, 17.8% are between 31 and 40 and the rest, 2.2% are between 20 and 30 years of age.

A majority of the participants 75.6% reported that they have provided foster parent's services for at least 10 years, 17.8% have 11 to 20 years of service, and 6.7%, 21-31 years. Approximately two-thirds (66.0%) of foster parents in this sample are married, 17.8% are divorced or separated 6.7% are widowed, 4.4% represent respondents living with significant others and 4.4% lives alone.

The primary care givers for these children?" Nearly all of the respondents, (93%) are female caregivers, 4.4% are male and 2.2% are both parents. The majority of the participants (95.6%) responded having between 1 to 5 children in their care.

Nearly half (40.0%) of the participants reported their ethnicity as White/Caucasian, 22.2% are Black/African American, and 15.6% are Hispanic foster parents. Whereas, American Indians/Alaskan Natives and Asian/Pacific Islander are represented by 6.7%, 8.9% represents the non-specified ethnic group.

In regard to the health status of the participants, over seventy-five of the participants responded overall good health, 17.8% reported excellent health, 4.4% reported fair health, and 2.2% reported poor health.

In terms of employment, over sixty percent reported that they are unemployed and over thirty-five percent reported being employed.

Demographic Characteristics of Respondent's Foster Children

Table 2 shows the demographics of children in foster care in this sample. There are a total of sixty-six children in this study. The number of children in a single home is 1.4%. Over ninety-five percent of the foster parents have as many as five foster children. Over half (50%) of the foster children are male. About forty-two percent of these children are between 12 and 18 years of age, children between the age of 6 through 10 are over

eighteen-percent, and nearly forty percent represent those children that are younger than 6 years of age.

In this study, over two-thirds of the foster children (68.9%) have special needs, such as mental health services. On average, 1.4 children indicate the number of children that have the same biological parents.

Service Satisfaction of the Respondents

Table 3 provides information on service needs and accessibility regarding client satisfaction. Ninety-eight percent of the respondents were satisfied and two-percent were dissatisfied. In addition, those reporting caring for children with special needs reported having higher levels of satisfaction with the services received. Table 3 shows the frequencies and percentages of service satisfaction, such as, involvement in the decision-making process in selecting services that are geared toward preventive health in regard to your child(ren) and overall social worker relationship.

In terms of the critical values in this study, a chi-square test (chi-square = 7.6, df = 3, p = .055) was conducted on special needs and satisfaction with service coordination. The test results nearly approached a statistical significant. Foster parents with special needs

children showed a greater level of satisfaction with coordination of services provided, than did the parents whose children did not have special needs.

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency (n)	Percentage (%)
Age (N=44) Mean=11.3%		
20-30	1	2.2%
31-40	8	17.8%
41-50	15	33.3%
51 and over	20	44.4%
Years of foster parenting (N=45)		
Less than 2	13	28.8%
Between 2 and 5	9	20.0%
Between 6 and 10	15	33.3%
Over 11	8	17.8%
Marital Status (N=45)		
Never married	1	2.2%
Married	30	66.7%
Div/Sep	8	17.8%
Widowed	3	6.7%
Cohabitaes	1	2.2%
S/O	2	4.4%
Main caregiver (N=45)		
Yes	37	82.2%
No	7	15.6%
Both spouses	1	2.2%
Race/Ethnicity (N=45)		
Amer. Ind/Alaska Nat.	3	6.7%
Asian/Pac. Isl.	3	6.7%
Hispanic	7	15.6%
Afr. Amer.	10	22.2%
White	18	40.0%
Other	4	8.9%
Health Status (N=45)		
Excellent	8	17.8%
Very Good	15	33.3%
Good	19	42.2%
Fair	2	4.4%
Poor	1	2.2%

Table 2. Demographic Characteristics of Foster Children

Variable	Frequency (n)	Percentage (%)
Age (N=44) Mean=3.32%		
0-5	5	11.4%
6-10	8	18.2%
11-18	31	70.4%
Gender (N=45)		
Male	28	62.2%
Female	17	37.8%

Table 3. Open-ended Questions

Variable	Frequency (n)	Percentage (%)
Involvement in decision-making process in selecting services		
Strongly Agree	37	82.3%
Disagree	8	17.7%
Social Worker explained legal rights		
Agree	37	82.3%
Disagree	8	17.7%
Social worker provided emotional support		
Agree	29	64.4%
Disagree	16	35.6%
Overall satisfaction with services		
Satisfied 14	39	86.7%
Dissatisfied	6	13.3%

Summary

The overall results of the study found that the primary caregivers were female, 51 years and older, with between one and five children in their care. Nearly half were of White/Caucasian ethnicity in overall good health. There was not a significant association between special needs and service satisfaction; however, foster parents with special needs children reported a greater level of satisfaction in the coordination of services received than parents of non-special needs children.

CHAPTER FIVE

DISCUSSION

The results of this project revealed that the majority of these foster parents are White/Caucasian and that they have at least 5 children in their home. Many of the foster parents are married and have provided foster care services for more than ten years. Eighty percent expressed that they are satisfied with services received. They are satisfied with coordination of multiple services received, such as school guidance and other intra-agencies support systems, involvement in the decision-making process in selecting services that are geared toward preventive health in regard to their foster children, and that they receive emotional support. Statistical testing revealed that although the predictor variable was not significant, the caregivers with special-needs children tends to be more satisfied with overall services, social worker and foster parent relationship, case management, and Medi-Cal and/or Medicaid services. Twenty percent of the respondents' who have children that do not have special needs reported being satisfied in that they got what they needed.

Foster parents age 51 and over, married, and whose ethnicity is White/Caucasian shows greater satisfaction of services. Service factors associated with overall satisfaction for this age group was based on feeling that care is provided unconditionally and that they received help for the family and child(ren) when needed. Results of this study also revealed that 50.0% of the children between the ages of 12 to 18 are male.

This study is consistent with the study presented by the Regional Research Institute for Human Services and the Child Welfare Partnership of 1998, at Portland State University, 1997, in that foster parents seem to be satisfied with the social workers. Foster parents see the social workers as a major source of support in their task of fostering. Given a list of choices, the social worker was cited by (44%), as being the first person foster parents would call for support and advice during a crisis or for needed services.

Additionally, this study is consistent in that there are more White foster parents than any other ethnicity. The main factor is that, in most states, the overrepresentation of African American children in foster care combined with the shortage of foster families of color support the findings in this study that there is

more White foster parents than any other ethnicity (Nasuti, 2003).

Limitations

A number of limitations of this project should be acknowledged. First of all, we were unable to conduct face-to-face interviews. In addition, many of the participants were reluctant to complete the survey. As a result, there was missing data that affected the quality of the data collected. Third, a small sample size would significantly compromise the generalization of the findings, and it is plausible that using a larger sample may have resulted in a different outcome. Finally, other factors not addressed (e.g., pre/post adoptions, special education, respite care, foster parent training, and feelings of competence dealing with children with behavioral issues in the home) in this study. Therefore, the results cannot be generalized to a population beyond this sample. Despite these shortcomings, it is hoped that the findings are informative to social workers.

Recommendations for Social Work Practice, Policy and Research

The results of the study indicated that the majority of respondents were satisfied with the services they

received and the ease in which they accessed them. However, the need to continue to provide a strong link between the agency, social worker and the foster and adoptive parent is imperative to ensure the well being of our children placed.

Good social work practice dictates that the need to examine community resources, availability and the conveyance of services, in combination with the strengths of our foster parents will essentially result in a well-rounded support system for our families.

Taking a closer look at services needed and received is important, but it does not indicate the extent of unmet service needs. Future research would benefit from the use of more tailored research designs, designs that would examine the influence of training and services for foster parents on foster children with special needs, families, and agencies. Future research would also benefit from use of multiple sources to measure training and services offered and accessed by foster parents. Some areas that may be suggested for reform are; providing higher reimbursement rates for foster parents, providing foster parents with more training to improve their child-management skills, increasing the frequency and quality of supervision and support for foster parents;

providing lower caseloads and better training for agency social workers, increasing the availability and knowledge of respite care, broadening awareness of different cultural backgrounds of foster children and foster parents.

The study lacked a large enough volume of participants to provide an adequate sampling of matching foster parent and children's ethnicity. Perhaps if face-to-face interviews had been conducted, there would have been less reluctance upon the participant's comfort levels in filling out the questionnaire form.

The research indicated that there is a continued need for our foster parents to be made aware of services available to them through their social worker. Unmet service needs and overall lower levels of satisfaction were the majority of reasons that foster and adoptive placements failed.

Conclusions

The conclusions extracted from the project were suggestive of that training and services are associated with better outcomes for foster children, families, and agencies. However, this study may have underrepresented families who discontinue fostering after a short period of

time, and possibly had received less training and fewer services or foster children with more problems. Another possible limitation is the use of self-reports of foster parents, which may have provided underestimates of training and services due to limitations of memory or may be subject to other biases.

Greater attention should be given to the adequacy of foster care training and services for family foster caregivers, particularly training and services most relevant to the profiles of children entering family foster care. In essence, a closer look at providing more specific information and training to foster parents on fostering children who have been sexually abused, have emotional or behavioral problems or children with special needs. Finally, greater communication should occur between foster care agencies and foster families during and after child placement to identify those areas in which additional information, training, and services are needed.

APPENDIX A
QUESTIONNAIRE

Client Satisfaction Questionnaire

The following questions apply to services offer by San Bernardino County Department of Children's Services.

Circle your answer:

1. Does your foster child(ren) have any special needs?
1. Yes 2. No
If yes, please specify what the special needs are for your child(ren).

2. Are you receiving Medi-Cal for your foster child(ren)?
1. Yes 2. No
[If yes, skip to Q.3]

2A. If no, have you been offered Medi-Cal Services?
1. Yes 2. No 3. Doesn't Apply
3. Are you receiving Dental coverage for your foster child(ren)?
1. Yes 2. No 3. Doesn't Apply
[If yes, skip to Q. 4]

3A. If no, have you been offered Dental coverage?
1. Yes 2. No 3. Doesn't Apply
4. Are you receiving Vision coverage for your foster child(ren)?
1. Yes 2. No
[If yes, skip to Q.5]

4A. If no, have you been offered Vision coverage?
1. Yes 2. No
5. Has your social worker offered referrals to assist you in obtaining other needed medical services for special needs child(ren)?
1. Yes 2. No 3. Not applicable.
6. Has your experience of the social worker's coordination of multiple services received for special needs child(ren) been helpful?
1. Yes 2. No 3. Not applicable

7. Have you as a foster parent, been a part of the decision-making process in selecting services that are geared toward preventive health in regard to your child(ren)?
 1. Strongly Agree
 2. Agree
 3. Disagree
 4. Strongly Disagree

8. Did your social worker explain your legal rights as a foster caregiver?
 1. Strongly Agree
 2. Agree
 3. Disagree
 4. Strongly Disagree

9. Are you in a support group for foster parents?
 1. Yes
 2. No

10. Has your social worker referred you to a support group for foster parents of special needs children?
 1. Yes
 2. No
 3. Doesn't Apply

11. Has your social worker provided you and your family with emotional support?
 1. Strongly Agree
 2. Agree
 3. Disagree
 4. Strongly Disagree

12. Has your social worker given you referrals to outside agencies in the community that would assist you in caring for your foster child(ren) ?
 1. Yes
 2. No

13. When my foster child(ren) is having difficulties at school my social worker gives me guidance on how to handle the situation?
 1. Yes
 2. No

14. Overall satisfaction of the services that you are receiving?
 1. Very Satisfied
 2. Satisfied
 3. Dissatisfied
 4. Very Dissatisfied

15. What other services have you found useful? _____
16. How was your social worker helpful in finding these other services?

17. How many foster children are from the same home in your household?

18. What is your marital status?
1. Never married
2. Married 3. Divorced/separated 4. Widowed
5. Co-habitation 6. Other (specify) _____
19. What is your age? _____
20. What is your gender? 1. Male 2. Female
21. What is your race/ethnicity?
1. American Indian or Alaskan Native
2. Asian or Pacific Islander
3. Hispanic
4. Black [African American]
5. White
22. How would you rate your current health status?
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor
23. How many years have you been a foster parent? _____
24. Are you employed?
1. Yes 2. No
25. Are you the main caregiver?
1. Yes 2. No
26. How many foster child(ren) in your care? _____

27. Their genders? Please list below

	Gender	Age
1 st Child	_____	_____
2 nd Child	_____	_____
3 rd Child	_____	_____
4 th Child	_____	_____
5 th Child	_____	_____
6 th Child	_____	_____

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

My name is Loretta Isaacson and my research partner is Robbie Palmer Thomas. We are 2nd-year students in the Masters of Social Work Program at California State University, San Bernardino. We are conducting a survey regarding foster parents' experiences in accessing and receiving services for foster children who have been drug-exposed. Participation in this study is totally voluntary and should you choose to participate, you will remain completely anonymous, as no identifying information will be obtained.

Whether you participate or not will not affect the services you receive from the Department of Children's Services. In fact, the agency will not know whether you decline to participate. The results obtained from this study will be presented as a final research project for the Masters of Social Work program at California State University, San Bernardino. These results will be available to you at the University in the Pfau Library after June 2004.

The Department of Social work Sub-Committee of the CSUSB Institutional Review Board (IRB) has approved this project. No significant risks are apparent in this study. Both Ms. Thomas and myself are under the supervision of Dr. Janet Chang in the completion of this project. Dr. Chang may be reached at the California State University, San Bernardino, Department of Social Work, (909) 880-5501.

This survey will take approximately ten (10) minutes to complete. Upon completion, place the survey in the envelope provided and seal the envelope. Please return the completed survey via United States Postal Service. We thank you for your participation in this study.

My mark below indicates that I have been informed of the nature of this study and voluntarily agree to participate. I am at least 18 years of age.

_____ Mark _____ Date

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study in which you just participated was designed to answer the question, "What are the experiences of foster parents who are raising special needs children in accessing services needed."

The results of this study will be available

after June 2004 where you may obtain these results from either our Research advisor Dr. Janet Chang; my partner, Robbie Palmer Thomas, MSW student; or myself, Loretta Isaacson, MSW student, via the Pfau Library, University of San Bernardino, California, (909) 880-5091.

If the study made you feel uncomfortable, or if you have any concerns or questions regarding this study, please contact our Advisor. Thank you for participating in this survey.

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ASSIGNED RESPONSIBILITIES PAGE

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:

Team Effort: Loretta Isaacson & Robbie Thomas

2. Data Entry and Analysis:

Team Effort: Loretta Isaacson & Robbie Thomas

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Loretta Isaacson &
Robbie Thomas

b. Methods

Team Effort: Loretta Isaacson &
Robbie Thomas

c. Results

Team Effort: Loretta Isaacson &
Robbie Thomas

d. Discussion

Team Effort: Loretta Isaacson &
Robbie Thomas