You Asked, but Will Not Listen: (Re)framing a Phenomenological Study about (Dis)connections between Special Education Early Intervention and Foster Care

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ABSTRACT

Within the United States a significant population of foster care infants and toddlers access early special education services under the parameters of the *Individuals with Disabilities Education Act* (IDEA)-Part C (United States Congress 2004). A dearth of literature exists about special education interventionists' services for this particular population of infants and toddlers. Without their contributed insights, policy makers, practitioners, and the academy may lack full awareness of how best to serve foster care recipients of early special education intervention. In response, a State-funded phenomenological study ensued with 50 special education interventionists who described their provision of services within foster care situations. Although the intent of the project was to report back to the funders how best to enhance the services, an unexpected deviation from the original research plan had to occur when the funders rejected one of the essential findings and requested its deletion from the final grant report. This article traces the study's progression towards the inevitable outcome and how the researchers negotiated appeasing the funders while maintaining ethical practices of phenomenological research, all within the parameters of external grant/government-funded scholarship.

KEYWORDS

foster care, special education, early intervention, child welfare, qualitative phenomenological method, grant funded research

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This article regards one of six thematic findings from a government-funded grant: Proceeding despite a lack of information. We give the one theme special attention because we received criticism for it when sharing our summary report with the state funding agency. Our rationale for keeping the theme as part of the overall findings informed decisions we made about the extent to which we would consider outside pressure a critical influence throughout the data analysis and reporting processes. We offer crucial reflection for other scholars engaged in grant-funded qualitative research.

Our study proceeded against the backdrop of discussions in the literature about how the United States' foster care system spans the educational, social welfare/social work, sociology, medical, and judicial disciplines, to name a few. An approximate three million infants, children, and teenagers endure abuse and neglect each year (DeVooght, McCoy-Roth, and Freundlich 2011). The problem warrants a multi-disciplinary system approach for which no one discipline possesses sole ownership of the response.

The increased number of infants and toddlers (ages 0-5) placed in foster care extends the cross-disciplinary response to abuse and neglect to the early childhood profession. The demographic calls for infant-based therapeutic interventions based on a purposeful link between early childhood and foster care whereby each discipline informs the other of its best practices. More specific, the early childhood contribution should address special education practices, since the majority of foster care infants and toddlers have known disabilities or present risk factors indicative of possible disability

verification. Scarborough et al.'s (2004:477) national sample of early childhood recipients validated the need: "A *substantial proportion* (emphasis added) of infants and toddlers entering [special education] early intervention were living in foster care, compared with the percentage of all children in the general population."

Congressional (2004) reauthorizations of the *Individuals with Disabilities Education Act* (IDEA) further stressed the connection between early special education and foster care: "Congress finds that there is an urgent and substantive need to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of children, particularly minority, low-income, inner city, and rural children, and *infants and toddlers in foster care* (emphasis added)" (Section 631a5). Furthermore, states' requests for federal special education financial assistance must assure that foster care infants and toddlers with disabilities receive early interventions, as specified in the Act's eligibility criteria:

> A State shall provide assurances to the Secretary [of the United States Department of Education] that the State has adopted a policy that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including *infants and toddlers with disabilities who are wards* [foster care youth] *of the State* (emphasis added). (Section 634)

Behavioral and mental health interventions typify the special education services for infants and toddlers, similar to those that older foster care children and teenagers need. For example, in their quantitative analysis of 740 children who participated in a consortium of longitudinal studies about child abuse and neglect, Dubowitz et al. (2005:493) reported "significant associations with children's total externalizing behavior problems, impaired socialization, and impaired daily living skills." In a comparable

analysis of 3,803 children who were as young as 2 years-old, Burns et al. (2004) noted that half of the youngsters scored in the clinical range on standardized assessments for significant emotional or behavioral problems.

The contributions within the foster care-special education literature have a narrowed focus on mental health, behavior, and/or emotional interventions. The offerings have included 'how to' guidelines for early childhood interventions, such as (a) Hepburn and Kaufmann's (2005) *Promotion of Mental Health and Prevention of Mental Behavioral Disorders: A Training Guide for the Early Childhood Services Community*, (b) The Society for Research in Child Development's (2009) *Report of Healthy Development: A Summit on Young Children's Mental Health*, and (c) Cooper and Stagman's (2010), *Children's Mental Health: What Every Policymaker Should Know.* However, purposeful attention on early intervention recipients with concurrent foster care statuses has not constituted manuals such as these. At best, scholars and practitioners may infer the implicit practices that should comprise early childhood-special education interventions on behalf of foster care infants and toddlers.

SPECIFIC EARLY SPECIAL EDUCATION SERVICES FOR FOSTER CARE POPULATIONS

The dearth of literature about early special education interventions for the foster care infant and toddler population necessitated the need for a framework that could guide the study discussed in this article. We selected the United States Department of Education and its Office of Special Education Populations's (2008) document *The Workgroup on Principles and Practices in Natural Environments* as a starting point. In connecting

findings and discussions in the foster care literature with the seven principles, we streamline for the reader how the early intervention/special education profession should respond with best practices that have otherwise not implicitly appeared in general early childhood practice manuals specific to foster care infants and toddlers. In doing so, we highlight foster care nuances that might challenge the feasibility of the principles. We conclude with an argument about how the unique presence of foster care within early special education service delivery warranted the qualitative study we conducted and present in this article.

The first and second principles stress that infants and toddlers learn best in everyday interactions with familiar people who could enhance their learning when provided with supports and resources. The logistics of infant and toddler foster care cases, however, challenge this recommendation. The encounters abusive and neglectful parents have with their infants are commonly bound to court-supervised visits (e.g., one-two hours per week) often in non-naturalistic settings, such as caseworkers' offices. Schoppe-Sullivan et al. (2007) summarized the research findings about the arrangement: "The limited research indicates considerable variation in the quality of maternal parenting and mother-child interaction during visits, including the extent of mutually engaging and developmentally appropriate interactions" (p. 150).

The literature further reported that American child welfare policies and related practices of prioritizing kinship foster placements[2] create questionable infant-adult interactions. Cole's (2005) research about kinship and non-kinship adults' intent to foster

[2] See Koh and Testa 2008; Wobie et al. 2004.

parents stressed that placement decisions should be based on caregivers' commitment to provide therapeutic-based interventions for the infants and toddlers placed in their care. The fact that kinship foster parents have historically received less public assistance than non-kinship foster parents (Ornelas, Silverstein, and Tan 2007) raises the possibility that they may not have access to needed supports and resources.

The third and fourth principles suggest that service providers should consider families as equal partners who make ultimate decisions about the services they and their infants and toddlers receive. The *Individuals with Disabilities Education Act* (IDEA)-Part C (early intervention) mandates a family and infant assessment within 30 days of a referral. The timeline becomes problematic when automatic referrals generate at the time of infants' and toddlers' foster care placements. For example, Silver and Dicker (2007) argued that foster parents need additional time before securing bonds with their foster infants and toddlers, a necessity when executing norm-referenced assessments that require caregiver input. Their position statement indicated that foster parents are the ultimate decision-makers. Yet, Silver and Dicker (2007) also acknowledged the importance of strategizing the maintenance of birth parents' engagement: "Although the court order granting custody to the child welfare agency includes the authority to consent to emergency and routine care, if reunification is the goal it is good practice to keep the biological parents involved in these matters" (p. 42). Varied birth parent involvement from one case to another limits the possibility for universal procedures that could assist caseworkers. They must, in effect, identify the essential decision-makers for each of their assigned foster care cases.

The fifth and sixth principles regard the Individualized Family Service Plan (IFSP), the cornerstone of early intervention outlined in IDEA. The IFSP should be based on functional outcomes that spur all service providers' interventions. The outcomes of these services should equate with enhancing infants' skills (e.g., motor skills, language) to the maximum extent possible and aim for the infants' school readiness at age 5. However, the literature has suggested consideration of broader perceptions beyond foster care infants' immediate functional skills and deficits. Desbiens and Gagné's (2007) literature review merits consideration:

> Maltreated children tend to develop attachment and emotional adjustment problems. These in turn lead to difficulties in interpersonal relations and school adaptation. Behavior problems that begin in *early childhood* (emphasis added) are known to be the most stable in time, persisting into adulthood, which is indicative of their intractability to intervention. (P. 216)

Although IDEA mandates functional outcomes based on present deficits, a more appropriate IFSP for foster care infants and toddlers might need additional goals that could curtail possible long-range behavioral problems associated with early onset placements in foster care. Furthermore, the IFSP process might require the empowerment of abusive and/or neglectful parents in the process of reunification with their babies, but who have yet to fully treat their own emotional and behavioral deficits.[3]

The seventh and final principle advocates for early interventions based on validated practices, peer-reviewed research, and relevant laws. Racusin et al.'s (2005) review of psychosocial treatment of children in foster care sounded an alarm for the academy and practitioners: "At present, there is no standard of care for emotionally or

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[3] See Prather (2007); Schwartz and Davis (2006).

behaviorally disturbed children in foster care" (p. 205). Robertson (2006) made similar claims with research about early intervention and foster care: "Research is limited on the outcomes of programs that have attempted to actively integrate foster parents or trusted caregivers in the health, education, or assessment of their children" (p. 186). Silver and Dicker (2007) accounted for the lack of professional development that exacerbates the concern: "Child welfare professionals may receive limited training on child development, health, and *early childhood mental health* (emphasis added)" (p. 50). At best, the literature includes certain interventions that have shown promise. Examples include McNeil et al.'s (2005) implementation of the Parent-Child Interaction Therapy (PCIT) with foster parents and Schwartz and Davis's (2006) argument of how maltreatment-based interventions could have a possible positive ripple-effect on Reactive Attachment Disorder (RAD), a common intervention need among foster care infants and toddlers.[4]

Notwithstanding the success of certain interventions, Pufahl's (2007) insights about effective responses to mental health issues in child welfare summarized the shortcomings associated with most stand-alone interventions:

> By only providing traditional services, which are isolated and focus only on the child, the parent, or one particular issue at a time, the family is viewed and treated as fragmented. As providers, we should recognize that each piece of the puzzle makes up a bigger picture; what affects one must also affect the others. Therefore, we simply cannot continue treatment as is. These families have complicated, multifaceted needs that should be addressed in a comprehensive and collaborative manner. (P. 78)

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[4] See Prather (2007).

Robinson (2006) offered a similar reaction with an assertion that too much "emphasis is placed on outcome measures in the IFSP as opposed to more broad-based family outcomes and support strategies" (p. 185)

EXPANDING THE LITERATURE'S DISCOURSE WITH EARLY INTERVENTIONISTS' INSIGHTS

The literature has portrayed foster care as an entity aligned with professional practices of various disciplines, such as early special education, the focus of this study. As one of many stakeholders in the lives of foster care infants and toddlers, early special education interventionists may assist with overall systemic interventions when IFSPs require for immediate and broader service needs. Leslie et al. (2004) argued for such an expanded role: "Given the high rate of need and the large proportion of children who ultimately access services from mental health, more explicit collaboration and linkages between child welfare, Medicaid, and public mental health may need to be forged to improve efficient and effective delivery of mental health services" (p. 709). The problem that remains, however, is that best practice guidelines defined in the literature do not account for unique circumstances often associated with foster care populations. Input from early special education interventionists should constitute the needed awareness.

Our stated need for tapping into the voice of early interventionists' insights about foster care populations coincided with one Midwest state's Departments of Education and Health and Human Services call for research projects about vulnerable populations within early special education.[5] As we later detail, the department balked at one of our findings,

[5] For purposes of anonymity, we do not disclose the specific state.

which jeopardized the integrity of our final report to them. The tension and our response to it comprise the focus of this article.

METHOD

Our overall goal was to engage early interventionists who represented all regions within the state in conversations about how they negotiated day-to-day interactions and interventions for foster care infants and toddlers, as well as support for their caregivers. We identified early interventionists as college-trained educators with degrees in early childhood, early special education, and/or related disciplines. Most were direct care providers for foster care infants and toddlers. Examples of the services for which they were responsible included home visits and home-based therapy, play/group therapy at remote locations (e.g., county agency offices), IFSP assessments, referrals to other human service agencies (e.g., food resources, transportation), and consultations with other service providers (e.g., occupational therapists, speech-language pathologists).[6]

Given the lack of literature about firsthand accounts, we selected a phenomenological approach that explored EIs' depictions about their foster care interventions. In line with Creswell's (2003) work, we used the literature as a frame, not as a theoretical construct: "In phenomenological research, the researcher identifies the 'essence' of human experiences concerning a phenomenon, as described by participants in the study" (p. 15). We predicted that our participants' accounts would incur

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[6] Throughout the remainder of this article, we refer to the professionals as "EI" (early interventionists).

recommendations for best practices, professional development, and policy enhancement or reform.

We utilized Seidman's (2006) recommendation that qualitative researchers conduct a series of three separate interviews with each participant. We began with telephone discussions about foster care demographics within each EI's caseload, continued with follow-up face-to-face and on-sight interviews for more in-depth dialogue, and ended with final telephone conversations for further verification and validity (i.e., member-checking). In order to garner involvement from each region of the state, we adhered to one face-to-face interview protocol. This choice enabled our compliance with the grant's timeline for the study's execution and completion.

Initial Recruitment Problems

Hindsight made sense of initial roadblocks we encountered with participant recruitment. We could not understand why no one responded to our extensive and personalized email and telephone solicitations when we began the study. We contacted our funder and proposed the study's termination based on recruitment failure. In response, the funders offered assistance and added their personalized contacts with potential participants. Their involvement and our persistent follow-up netted 50 total participants who participated in either individual or focus-group-format interviews.

The tension we later report in this article informed a more plausible recruitment retrospect: fear. Participants started the first interview with questions about the confidentiality of their involvement. They wanted specifics about with whom and for what purposes we would share their accounts. Once assured of their research participant

rights for confidentiality, they continued with the study. The concept of fear in Lonne et al.'s (2009) analysis of child protection policies and practices within Western nations corroborated our recruitment perspective:

> In [our] book a number of premises are identified and critically examined. These include the profound effect of managerialism upon the practices of social care professionals in increasingly procedurally driven organizations and the stress on workers who have to manage competing professional and political agendas *within an environment of fear* (emphasis added). (P. 6)

Our participants had received initial recruitment materials, but had responded with fear that their participants would have stirred their employer's ire, the very agency who sponsored the project and whose identity for doing so appeared in all of our communications. They were afraid that dialogue about their procedures would be interpreted as counter to their employers' directives for service delivery with foster care populations. Several participants queried, "Are you sure the State department wants to know what I have to say about providing services for foster care infants?" The opportunity to provide honest insights was a novelty for which we were the first to offer them.

Data Analysis, Validity, and Reliability

We used the aforementioned OSEP working group's seven principles of early intervention as a guide for manual coding of transcribed interviews. For example, we coded a participant's story about assessing an infant's motor skills in a foster home and writing a related treatment plan as an illustration of the outplay of IFSPs in a non-kinship foster home. The coding process illustrated that we elicited insights about each of the

seven principles and thereby confirmed our interview protocol's validity; all 50 discussions that ensued addressed the seven principles on some level.

Next, we cited specific descriptive words and statements within each participant's transcript and culled them into a master list. We combined similar terms and pared down the list to 12 terms. We recoded each transcript with the 12 terms and used them as nodes in a follow-up, complementary N-Vivo analysis. The terms accounted for all responses and confirmed our imposed descriptors' reliability. We concluded the analysis with identification of six themes that the 12 terms/nodes supported.

RESULTS

Participants discussed their dependence upon the State Department of Health and Human Services (SDHHS)[7] for information about the infants and toddlers on their caseload, a thematic findings we labeled, "Proceeding despite a lack of information." Whereas EIs obtain family demographics at the onset of a referral, they may not have the means for doing so with a foster care case. The typical foster care referral process initiates when SDHHS responds to an abuse/neglect allegation and/or subsequent removal of the infant and toddler from his/her caregivers and placement into foster care. The sequence of events includes multiple stakeholders (e.g., investigators, police, birth parents, foster parents) and judicial involvement. Oftentimes, the EI responder has partial information, but must pursue with the referral process and gather a complete history about the infant. The need for foster parent contact, location of the infant, and other

[7] SDHHS is an anonymous title used throughout the remainder of this article to maximize confidentiality.

pertinent information required for an immediate assessment forces the EI's dependence on the SDHHS caseworker in possession of it.

IDEA is clear and simplistic in its mission and directives: Infants and toddlers in foster care oftentimes manifest disabilities[8] and, therefore, their entry into care should tap into already existent early intervention services when deemed appropriate per standardized assessments. Despite the Act's straightforward language, our participants lamented about the lack of SDHHS input, information they considered necessary for their obligated IDEA provisions. Our data analysis process pinpointed three areas in which they lacked information: (a) parental consent rights, (b) court objectives, and (c) related SDHSS caseworker services.

Parental Consent Rights

The literature has documented criticisms about IDEA's vague parental consent language for foster care situations. McNaught (2005), for example, on behalf of the American Bar Association's Center on Children and the Law, outlined circumstances that have hindered best intentions for foster care students' education:

> For children in foster care to achieve academic success, judges, attorneys, CASAs [Court Appointed Special Advocates], GALs [guardian ad litems], caseworkers, foster parents, schools, and other advocates in the child welfare and school systems must work together to overcome hurdles meeting education needs. Two significant hurdles are confidentiality concerns and *not understanding who has education decision-making authority* (emphasis original). Overcoming these barriers is an important first step toward successfully addressing the education needs of children in foster care. (P. 7)

Parents with decision-making authority consent to initial IFSP assessments and maintain active roles throughout the implementation, evaluation, and redesign of services. Yet, our

[8] See DeVooght et al. 2011.

participants admitted to confusion about consent law and were often left to determine their own protocols.

Some participants stated that foster care caseworkers had full authority to consent for services. Others told us that only birth parents could provide the consent. According to Christina, an EI worker in a rural area, whereas foster parents often sign for medical decisions, only birth parents can give consent for special education decisions: "It's a huge challenge. The foster parents are all willing to participate, and it's hard for them to understand when we say we have to find the birth parents to sign, to give us consent. They say, "Why can't we do this? We wanna help this child?" When they were clear about protocols, SDHHS caseworkers, according to our participants, were not consistently forthcoming with information about consumers. Cynthia described the lack of caseworkers' follow-through about their cases, which impeded the parental consent process: "If you have a really good caseworker and you say, 'I really wanna do these services, but I've gotta have consent,' that caseworker sometimes will come through for you." Cynthia's observation of the haphazard nature of SDHHS callbacks was a phenomenon other participants noted as well.

Amelia reported the frustration she experienced when having to rely on caseworkers whose goals might not be geared toward family reunification. She recalled a case for which the SDHHS staff "were working for termination [of parental rights] and not really concerned about the child." She added, "I sent her [the caseworker] the stuff [telephone number of birth parent], she's gonna go for a signature, and she's not even

gonna work hard at it. If she gets it, great; if she doesn't, it's just more information for termination."

Our participants sympathized with the challenges SDHHS workers encountered. Rebecca, who admitted a "positive relationship" with her SDHHS worker, acknowledged the "huge budget cuts" and "too-large caseloads" that impeded her ability to collaborate with her: "It's much more difficult to have that one-on-one relationship." She and other participants recognized the negative impact this disconnect between SDHHS and EI workers incurred: the challenge of providing services for infants and toddlers in foster care within dictated service timelines associated with IDEA and the courts' supervision.

Lack of Knowledge about Court Objectives

Not knowing court objectives further hindered our EI participants' abilities to formulate comprehensive IFSPs. Known as permanency goals, court objectives delineate judicial intent for foster care cases that result in reunification with birth caregivers (i.e., known or suspected perpetrators of neglect and abuse) or alternative long-term arrangements, such as adoption. Court-provided services and living arrangements for all youth in foster care call for reunification as the preferred and ideal goal (Harden 2007).

Congress has argued that maximum service benefit for foster care infants and toddlers occurs when each system that serves them (e.g., child welfare, early intervention) informs and enhances the other. Hampton (2011), for example, explained that if passed, Senate Bill 2801 would have become *The Fostering Success in Education Act*, a newly proposed program for child welfare and education agencies to "*collaborate*

(emphasis added) on and submit a plan to receive [federal] funds to meet the educational needs of children in foster care" (p. 5).

Participants lamented the fact that they had valuable information the courts did not receive because of their perceived disconnect. Gregory, an EI worker with a 30-year tenure in an urban area, explained: "We're the only ones that are really going into the homes on a regular basis and seeing all the developments that are going on." Priscilla, a licensed infant mental health consultant, pointed out the limitations she experienced because of "the lack of credibility" she encountered in the court system.

Other participants noted the negative impact of not knowing court objectives about the services they provided families. Darlene indicated that her lack of court involvement necessitated a purposeful relationship with her SDHHS worker. Yet, this arrangement, too, was lacking: "I keep in contact with the SDHHS worker, but he's never actually been in there [her play group], and watched, and stayed, and supervised." When asked if it would be helpful to know what the court objectives were, she answered, "I think it would. Just because then you have the total picture of the child and what's going on with the family and everyone involved."

Angela offered additional insight into the impact of not knowing court objectives. She pointed out why EI workers might be reticent to involve themselves in the process. As one of the participants in a focus group we conducted in an urban area, she stated, "We need to build a relationship with the family. And if we've been brought into court saying they're bad parents, then how do we help them?" In this example, involvement in

the court proceedings was a conflict of interest and jeopardized EIs' abilities to fulfill their ultimate role of serving families.

Darlene's experience signified a response participants had to not knowing court objectives. They did not let their "lack of credibility" or experiences stymie them. Instead, they made sure their IFSPs contained objectives based on infants' and toddlers' immediate developmental needs regardless of systemic goals imbued in court-ordered service plans. They operated within their own silos, whether or not the court plans dictated the interventions.

Fulfilling Related SDHSS Caseworker Services

Our participants' accounts exposed how their lack of information regarding court objectives led to confusion about SDHSS caseworkers' roles and responsibilities. Although they identified gaps within and a need for additional services that SDHSS caseworkers should afford foster infants and toddlers' caregivers, they did not know how to resolve such fissures. More noteworthy was their willingness and possible desire to fulfill SDHSS caseworkers' responsibilities, which may have indicated their acceptance of absent caseworker engagement. In the words of one participant, "You just do anything and everything you possibly can for the child at the time, where they are."

Linda, an EI interventionist in an urban area, confirmed this role confusion and subsequent resolution of it when she referred to herself as a social worker: "We have not been trained, but that [social worker services] is a large part of our job." She and her colleague agreed that birth families' needs far outweigh those of individual children assigned to their caseloads. She referenced an encounter with a birth mother in the

process of reunifying with her infant. Upon entering the home, she noticed an unpacked box of food on the mother's kitchen floor: "She told me her oven broke. I'm like, well, wow, that's why the food's still sitting there, because they can't even make the food from the food bank." Linda solved the problem and took the uncooked food home, made casseroles with it, and brought the baked food back to the family. She added, "We have a social worker involved with these people. But in that case, their food need was right then. I can't dillydally around for two weeks trying to find a social worker who has time to come out here." Linda's need to meet the family's basic needs was indicative of all our participants' desire and willingness to serve families in ways that transcended their EI job descriptions.

Krista expressed her internal thought process about how to concurrently intervene for foster parents when conducting home-based interventions for infants on her caseload:

> I go into the foster home once a week, and a lot of times I'm feeling like I'm really trying to work with the child on fine motor skills or language, and the foster parent is sitting there, you know, and I'm getting them engaged, and they're trying to just kind of go through what has happened in the week. I'm feeling like, not only does there need to be support for the children, there also needs to be support for these foster families. They've taken on a huge responsibility and oftentimes are very hungry to talk with any professional willing to hear their struggles.

Kara perceived part of her job as "being there" for foster parents, a passion other participants likewise expressed.

DISCUSSION

We reported the theme outlined in this article within our initial report to the grant funder. We articulated that lack of continuity among participants' retorts about parental consent issues within foster care cases may manifest as IDEA violations. Although the

Act's vague language might explain the inconsistencies we heard, it does not exempt any entity from overriding parental consent rights. We suggested that the SDHHS publish practice briefs about the challenges of IDEA's parental consent language and delineate the means for EIs' resolution of them in order to comply with the law and uphold best practices of protecting both birth and foster parents' rights.

We further postulated that lack of clear disclosures about parental consent rights set our participants on a path of disregard for SHHHS caseworkers about whom they assumed would not offer any additional information or assistance. They honed in on their services with vigor and hope that their interventions played into a larger plan of service delivery, but neglected to validate their perceptions. We acknowledged that they countered Congressional intent for early special education interventions when their IFSP designs lacked any purposeful attempt to link services with those of other agencies and providers serving their foster care infants and toddlers. We interpreted their admirable commitments to foster care infants and toddlers as professional isolation. Certain EIs favored taking on SDHSS caseworkers' responsibilities, even at the cost of their committed time to IFSP service delivery.

We fully acknowledged throughout our discourse that the participants' perceptions of SDHSS caseworkers lacked corroborations or retorts. We reminded our funders that the scope of the project was to elicit a one-sided perception and, therefore, it may not garner agreement from other service providers. We likewise stressed that the literature about EI practice endorses the types of personal and professional negotiations our participants shared throughout their narratives. For example, Wesley and Buysse's

(2006) argument about what comprises early intervention/early childhood professional ethics and practice stressed wisdom as an essential component:

> We propose the following definition of evidence-based practice for the early childhood field: a decision-making process that integrates the best available research evidence with family and professional wisdom and values. By identifying three sources of evidence critical to decision-making—the best available research findings, family and professional wisdom, and family and professional values—this definition expands the focus beyond the single dimension of research. (P. 131)

Indeed, our participants confronted various risk factors that jeopardized foster care infants and toddlers, family stability, and/or foster care services. We documented the necessity for the impromptu decisions they shared with us when interacting with foster care situations, ones for which they grappled about how to balance best practices, their perceptions about laws and regulations, and their professional wisdom regarding the best interests of infants and toddlers. Personalized decision-making was inevitable.

The funder dismissed the finding altogether and countered that their statewide professional development inservices had fully resolved parental consent ambiguity, the scope of EI services, and SDHHS caseworkers' responsibilities for foster care cases. They argued that their infrastructure, policies, and procedures minimized any deviance from expected practice. Most problematic for us, they indicated that the finding would stir an inaccurate interpretation when disseminated.

The finding created a quandary for us. On the one hand, the literature exhorted our participants' wisdom-based responses to foster care situations. Yet, on the other hand, our analysis exposed their laissez-faire initiatives towards greater SDHSS caseworker buy-in. The data offered a unique perspective to the literature that warranted discussion.

Our funders wanted us to strike the finding and focus on other outcomes from the study. Our goal was to spotlight EI and honor their insights without any requirements for corroborations from other stakeholders. Adding the funder's reaction at the study's conclusion could contradict our initial quest and suggest that the finding was invalid. Dismissing its rejoinder could result in their rejection of our recommendations for improved practices, the ultimate thrust of the research project. We had to face the "Now what?" scenario.

Our predicament reflected conversations in qualitative research discourse. For example, Freeman et al. (2007) contributed commentary for the American Educational Research Association's (AERA) *Educational Researcher* highlighted the fluidity within qualitative research design: "Qualitative research is open and supple, and one if its strengths is that it incorporates philosophies, theories, and research designs and methods as diverse as postpositivist multi-methods approaches and postmodernist social critiques" (p. 25). We embraced the notion and considered our options and their related implications: (a) include the negative reaction we received, (b) conduct a follow-up study with rejoinders' input, (c) remain silent about the reaction and not convey the controversy, (d) allow the reaction to inform our data analysis processes and findings, and/or (e) reframe our phenomenological infrastructure for the study. We chose the final option and, in doing so, consulted additional discussions throughout the research literature. Ultimately, the choice would both honor our participants' accounts and offer policy and practice implications for our funders.

IMPLICATIONS

Our return to the literature at the time of our funder's reaction countered typical research designs.[9] Guideline manuals and the academy have embraced the literature as a foundation for research designs, one that typically appears in its entirety at the study's onset. Creswell (2009), however, reminded the qualitative research community about the merits of the literature's presence at the end of a study: "This approach is most suitable for the inductive process of qualitative research; the literature does not guide and direct the study, but becomes an aid once patterns or categories have been identified" (p. 27). Although we incorporated the literature at the end of our study as a response to our funder's imposition, we acknowledge its inherent hierarchical status; we accentuated it versus any solicitation of more feedback from our funders. In this manner, we exceeded Creswell's (2009) vision of the literature as a descriptor that enhances understanding about the themes of a phenomenological study. We used the literature as a form of sense-making that assisted our interpretation about our funder's stance. We considered it a neutral "voice" void of emotions.

We first examined the National Early Childhood Technical Assistance Center's (2011) overall summary about the spirit of the law: "Part C [of the *Individuals with Disabilities Education Act* (IDEA)] is not intended to be a stand-alone program; the intent is to *build interagency partnerships* (emphasis original) among state agencies and programs in health, education, human services and developmental disabilities" (p. 1). We recognized that our funders assume the responsibility for the development,

[9] See Creswell (2003; 2009).

implementation, and sustainability of interagency ventures as means for the State's access of federal funding. In this light, it made sense that they emphasized professional development activities as evidence of their adherence with federal directives and subsequent receipt of funding. Our reported finding could have been interpreted as an exposé about possible administrative oversight, since it revealed our participants' practices and perceptions as opposing the directives regarding the professional development. Perhaps they rejected our finding so as to not perpetuate false accusations about their management of early special education intervention services for foster care populations.

Our follow-up literature review gave equal support of our participants' self-reported behaviors. In particular, we included O'Toole and Montjoy's (1984) analysis of federally funded human service programs from the United States General Accounting Office, examination of interdependence among the various agencies they studied, the joint policy implementations they documented, and their overall summarized commonality among them: "Interorganizational problems are caused, in part, by the lack of attention to and incentives for coordination among organizations" (p. 500). We noted our participants' conclusion that despite policies that might have stated otherwise, coordinated interagency services among EI and SDHSS caseworkers could not be considered if they perceived SDHSS caseworkers ineffectual in their duties. In such scenarios, our participants shared their perceptions about the lack of accountability for other non-EI professionals, a roadblock they portrayed as the ultimate barrier towards more high-end collaboration, such as joint service planning and delivery. Furthermore,

their shared anxiety about implementation of early special education services at the onset of infants' and toddlers' placements into foster care highlighted that documentation of immediate service provisions was the definitive responsibility under which they operated, not strategic joint ventures with SDHSS caseworkers.

Whereas our funders argued that their delineated guidance and directives about serving foster care infants and toddlers upheld IDEA mandates, our participants' accounts of foster care infants' and toddlers' myriad service needs explained how the Act and its call for interagency collaboration cannot be bound to a procedural manual. The dichotomy responses to "What should be done?" corroborated with documented foster care service delivery within the literature. For example, Lonne et al.'s (2009) foster care examination throughout Western countries explained how service priorities have a ripple effect:

> Spokespersons for different views and concerns about child protection all compete for attention in the "marketplace" of this important public policy issue [delivery of child welfare services]. They often represent different "camps" which hold significantly different opinions about moral, political, as well as empirical arguments about the nature of the problems as well as the options for solutions. (P. 92)

We expanded our post-study literature review and included scholarship outside of the early special education and foster care research. The specific incorporation of policy implementation studies helped us move beyond a mere reporting that our funders and participants were at odds about their respective IDEA interpretations. We selected Honig's (2006) theory about what should constitute new approaches to policy implementation research. The author explained how the policy implementation literature has historically articulated that policy, people, and places affect implementation. Honig

(2006) pointed out that contemporary policy implementation research “specifically aims to uncover their [policy, people, and places] various dimensions and *how and why interactions among these dimensions* (emphasis original) shape implementation in particular ways” (p. 14).

The application of Honig’s (2006) theory to our study and the finding we report in this article helps eradicate false interpretations about our participants or funder. We give specific attention to the dimensions associated with ‘place.’ Our funders considered the State in which we conducted the study as the ‘place’ for IDEA policy implementation. They used part of their accessed federal funding and provided a statewide professional development that one could argue addressed the means by which service delivery to foster care infants and toddlers should occur. Although state employees, our participants’ accounts illustrated ‘place’ as the unique environment in which each of their foster care caseload infants and toddlers resided. Our data analysis had to account for instances of conflicting accounts within one narrative. No universal descriptor could encompass their service delivery relative to policy guidelines. Honig (2006) summed such a scenario as a “place-based” one that comes with a charge for researchers who analyze it: “The researcher’s aim [is] to understand how different dimensions of policies, people, and places combine to shape implementation processes and outcomes” (p. 19).

In response to Honig’s (2006) directive, we redirected our funder’s defensive reaction and focus on how the finding we report in this article could inform their professional development trainings and overall supervision of early special education-

foster care throughout the state. Of particular importance to our approach was Booker's (2001) analysis and application of leadership theories to children's services:

> Children's service [i.e., child welfare, foster care] effectiveness would be enhanced with an emphasis on interactions within a specific context and the social constructionist perspective of multiple realities. Such learning arises not so much through instructional training but through experiential work in a secure training environment. The focus is on exploring dilemmas and the context within which they arise. (P. 10)

The definition served as a foundation for our response to our funders. We incorporated the finding discussed in this article within the context of this post-study literature review and helped the funders understand that our participants' stories matched a larger reality of frontline foster care service delivery beyond that which they supervise within the State. We further included it to illustrate that our participants were not 'outliers' whose divergent stories and experiences countered the complexities documented in the foster care and early special education literature. With the newly established base, we proposed for our funders that they job shadow our participants and gain first-hand experiences of the dimensions that Honig (2006) described as at the core of policy implementation. We further offered a recommendation for the solicitation of EI involvement in future professional development planning and delivery. Input from both entities could more fully address IDEA practice implications. The recommendation has yet to come to fruition at the time of our writing this article.

CONCLUSION

Exploring a topic within a phenomenological approach may appear as a straightforward quest. After all, executing the method typically garners rich data from which a narrative flows. As we traced throughout this article, the method may become

problematic when the very voice sought is the one silenced in the end, if it is not what was expected as an outcome.

We matured as researchers throughout the process. Perhaps our funders' snap rejection of our executive report because of one finding warranted the frustration we had initially expressed. Holding onto a data-is-data mentality would have not moved the conversation forward. At the same time, condoning outside pressure to reframe and rearticulate findings would have discredited our research credentials. We emerged from the initial rejection with new vigor and determination to further postulate that phenomenological research is a valuable method within grant-funded research, one that may require researchers' unique implementation of it when the phenomenon described is one that may be hard to accept.

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