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Parenting Foster Children with Chronic Illness and Complex Medical Needs

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BACKGROUND

Current estimates show there are more than 520,000 children in the U.S. foster care system. Most children entering foster care have behavior, developmental, medical, or physical problems, many of which are chronic. In some instances, a lack of resources and support or the child’s unique health problem, such as a genetic defect or chronic medical condition create a situation in which biological parents are unwilling or unable to provide care for these children. As a consequence, a child who needs specialized care may require foster home placement with parents who have specific training and skills to provide hands-on care. Many foster parents are similar to biological parents in their reluctance to accept the responsibility associated with parenting medically fragile children, and most do not possess the necessary skills. The unwillingness and inability of foster parents to provide care to medically complex or fragile children presents an already overburdened foster care system with even more difficult and pressing concerns. As a result, child welfare agencies advocate enrolling foster parents in training programs to facilitate technical skill development, and the placement of these children into “medical homes.”

PURPOSE

The aim of this study was to explore the lived experience of parenting chronically ill foster children with complex medical needs.

METHODLOGY

Phenomenological inquiry using van Manen’s method, which focuses on description, interpretation, and meaning, was employed. The guiding theme of phenomenology is to go “back to the things themselves” (Husserl). It is the study of essences; and, the description of experiential meanings we live as we live them (van Manen).

PARTICIPANTS AND SETTING

Purposeful sampling using criterion and snowball techniques served as the mechanism to obtain participants. Thirteen foster parents met the essential criterion of parenting foster children with chronic illness and complex medical needs for at least six months and described the day-to-day experience of parenting chronically ill foster children with complex medical needs. All were married and White, and lived rural areas of one state in the northeastern U.S.

FINDINGS

Five interwoven, interconnected, essential themes emerged from the data. Each major theme contained one or two theme clusters and several meaning units that compose the broad theme.

Theme 1: Committing to parenting a child with complex needs

Exemplars

“When she first came to us, they said she was going to be a normal child... I thought they really pulled the wool over our eyes because I don’t know when or even if she ended up going to a nurse. It was one thing tight after another after another.”

Theme 2: Coming to know the needs of the child

Exemplars

“He lives in danger all the time. You really need to get to know the child. They give you cues, but if you don’t know the language, don’t learn the language, you can’t respond in the right way. That can be detrimental.”

Theme 3: Intervening

Exemplars

“It’s hard with getting good nurses and keeping nurses. There’s a lot of turn over. One nurse, I said, you don’t need to come back. I told him one nurse and as soon as she know what to do get a job at a hospital.”

Theme 4: Sensing the loss of a foster child

Exemplars

“The first one was a terrible experience for me I couldn’t prepare my mind for her passing away. I just kept thinking this can’t be happening. I remember standing for her then I held her in my arms and cried.”

Theme 5: Becoming

Exemplars

“It’s taught us about people who are more needy. We can’t rise to some actions or two. It taught us to be self-oriented. It’s yielded our characters that way.”

REFERENCES