

Exploratory study of medically fragile children in Utah's child welfare system

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Children in foster care are a vulnerable population. They are typically in poorer health and experience higher rates of mental health issues and developmental delays. Medically fragile children in foster care are even more vulnerable. They have significant health care needs and require specialized services. Because of these needs, it is critical that medically fragile children in foster care are appropriately identified.

The primary purpose of this qualitative, exploratory study was to increase the understanding of medically fragile children served by the Division of Child and Family Services (DCFS) in the State of Utah and propose a definition of medically fragile children for DCFS consideration. There are many definitions used to describe medically fragile children. These definitions vary from broad to restrictive in nature. It is critical to identify criteria to accurately describe a medically fragile child because it will increase the likelihood that these children are appropriately identified. This will result in appropriate services provided to this population and increase the likelihood of their needs being met.

Telephone interviews were conducted with 26 participants who had experience working with medically fragile children. Based on the participants' responses, a new definition of a medically fragile child was created. In addition to a medical and/or mental health diagnosis, level of oversight, level of health care needs, level of assistance with daily activities, cognitive delays, developmental delays, and the impact of psychosocial stressors were included in the new definition. Use of this definition may result in children being assessed in a more holistic manner.

In addition to incorporating the proposed definition, it is suggested that DCFS provide the following services to improve the care of medically fragile children in foster care: a) appropriate reimbursement to foster parents for caring for medically fragile children, b) qualified respite providers, c) training for foster parents' support system to assist in respite care, d) alternative support services, e) attendance of a DCFS nurse at all child and family team meetings, f) assistance to foster parents in coordination of health care services, and g) necessary medical information to foster parents prior to a child's placement.