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How do immigrant parents of children with complex health needs manage to cope in their daily lives? / Lisbeth Gravdal Kvarme, Elena Albertini Früh, Hilde Lidén

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ABSTRACT

Daily life with children who have complex health needs can be stressful for parents. Immigrant parents are vulnerable to stress because they may lack language skills and knowledge about the health care system, and have limited social networks. In this study, we focus on how immigrant parents of children with complex health needs use emotion-focused and problem-focused coping strategies to manage their daily life, and how their self-efficacy and the immigration process may affect their coping. This qualitative study had an exploratory design with individual and focus group interviews. The sample comprised 27 parents—18 mothers and nine fathers—from Pakistan, Poland and Vietnam. The findings indicated that the parents' love for their child helps them to cope in their daily life. Newly arrived migrants, single mothers with a severely ill child who lacked support and migrant parents with language difficulties struggle to cope. Some of the stress is related to personal, social and structural problems, and to the insufficient resources available to meet the child's needs. The parents used both emotion-focused and problem-focused coping strategies. The parents noted that access to both universal and selective welfare services is an important factor that contributed to their self-efficacy and coping.

Keywords: children with complex needs, coping, immigrant parent, self-efficacy, stress

How do immigrant parents of a child with complex health needs manage to cope in their daily life?

INTRODUCTION

Having a child with complex health needs can be challenging and stressful for parents and can influence their coping with everyday life (Grøholt *et al.* 2007). This may affect different aspects of personal resources as well as the coping strategies of the parents. Coping can be defined as *the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person* (Lazarus & Folkman 1984; 237). According to this definition, coping is a process of interaction between the individual and his/her social and structural environments. Central to this definition is the subjective appraisal of the demands required of the circumstances and the personal, social, structural and other resources available to meet these demands.

Norwegian studies (Fladstad & Berg 2008; Grøholt *et al.* 2007; Gundersen 2012; Tøssebro *et al.* 2014) of parents with a disabled child show that they have greater problems in coping with their daily life than do parents without a disabled child. The balance between the extra demands of caring for a child with special needs and the parents' resources reflects how well they are coping (Grøholt *et al.* 2007). The mother is often the primary caregiver and is more susceptible to strain, stress and depression, and has a greater need for social support than the father (Helitzer *et al.* 2002; Tsai & Wang 2009). Norwegian studies have reported that mothers of a child with special needs experience problems working full-time (Albertini *et al.* 2016; Brekke & Nadim 2016).

The theoretical perspective taken in this article relates to coping and self-efficacy. The influence of caregivers' personal resources and how they adjust to their child's illness and care situation, and how they manage their daily life are important to their coping. Self-efficacy is one aspect of coping and is a personal resource that includes the belief in one's

competence to handle difficult, unexpected or new tasks and to cope with adversity in demanding situations (Bandura 1997; Cross *et al.* 2006; Luszczynska *et al.* 2005). Self-efficacy refers to the sense of competence and personal control over the care situation. If parents believe that they can deal with the situation or can ask for help when needed, they will be capable of doing so. Guillaumon (2012) found that parents with a high level of self-efficacy had better health than did those with lower self-efficacy when caring for a child with cerebral palsy. A high level of self-efficacy also contributes to better coping by parents in their daily life.

Daily life with a child who has complex needs can be stressful for parents. There are many ways of coping with stress, and their effectiveness depends on the type of stressor, the particular individual and their social and professional support. Lazarus and Folkman (1984) suggest that there are two types of coping strategies—emotion focused and problem focused—which may help to explain how parents cope in their particular situation. According to Lazarus and Folkman (1984), problems arise when there is an imbalance between the environmental demands and available resources.

Emotion-focused coping involves trying to reduce the negative emotional responses associated with stress such as fear, anxiety, depression, excitement and frustration. Emotion-focused coping does not provide a long-term solution and may delay the person's efforts to deal with the problem. However, it can be a good choice if the source of stress is outside the person's control (McLeod 2009).

Problem-focused coping targets the causes of stress in practical ways that tackle the problem or stressful situation that is causing stress, consequently directly reducing the stress. The social and structural environments, such as support from family and friends, and access to universal services such as school and kindergarten, are important components in problem-focused coping.

Problem-focused strategies aim to remove or reduce the cause of the stressor. In general, problem-focused coping is best, as it removes the stressor, so dealing with the root cause of the problem and providing a long term solution. However, it is not always possible to use problem-focused strategies. The problem-focused approach will not work when it is beyond the individual's control to remove the sources of stress. It works best when the person can control the sources of stress (Lazarus & Folkman 1984; McLeod 2009).

In Norway, families of children with special needs are given extra support through both the universal and selective welfare services. The welfare system in Norway offers support to families to enable both parents to participate in the labour force despite the extra caring needs of their children. Welfare services are based on practical services and financial support. These services are available to all inhabitants regardless of their financial situation (Finnvold 2009). The Norwegian policy goal is to enable families to live as normal a family life as possible by offering families with disabled children flexible services and a coordinator (Gundersen 2012; Helsedirektoratet 2013). Universal services such as kindergarten and school are available for all children regardless of their disability. In addition to selective services, a child with special needs may be awarded extra resources such as an assistant. Families may apply for selective supplementary services, such as payment for the parents' care work and respite care. However, some parents still experience significant barriers because the extra services are difficult to access (Wendelborg *et al.* 2010; Gundersen 2016).

Immigrant parents of a child with complex needs are vulnerable because of the physical and mental distress and weakening health (Fladstad & Berg 2008). Factors that contribute to increasing stress may include limited language skills, lack of knowledge about the services and limited social networks (Berg 2014; Fladstad & Berg 2008; Wendelborg *et al.* 2010). Understanding of disability is also culturally specific, and some parents must deal with their relatives' traditional understanding of disability, which can invoke guilt and shame

(Sørheim 2000; 2011) and therefore cause them to be reluctant to seek support. Migration may change the family's available network and care strategies (Berg 2014; Kittelsaa & Tøssebro 2014), and the absence of supportive family networks may then alter the conditions for child care (Ryan *et al.* 2009). Immigrant parents may face additional challenges due to wanting to achieve their help because of lack of information with accessing their selective rights and problems to present their needs (Berg 2014).

In this article, we explore how immigrant parents manage their family life and cope in their daily life. The research questions asked were as follows. How do these immigrant parents manage their daily life in terms of emotion-focused and problem-focused coping strategies? What does self-efficacy mean for caregivers, and how does it affect their coping? What factors promote or inhibit their coping? What does the migration process mean to the parents coping strategies?

METHODS

This qualitative study had an exploratory design with individual and focus group interviews. The collection of data and the analysis followed Kvale and Brinkmann's (2009) guidelines for qualitative research, which imply a phenomenological and hermeneutic mode of understanding.

Participants

The sample comprised 27 parents—18 mothers and nine fathers. The characteristics of the parents and children are presented in Tables 1 and 2, respectively. The participants were recruited through nurses and social workers at two hospitals in Norway. The inclusion criteria were immigrant parents from Poland, Vietnam or Pakistan with a child who has one of various types of disability or chronic illness. The sample included families in different stages of the migration process: those from Poland represent newly arrived immigrants. We held 27

individual interviews with the parents to explore their personal experience. To facilitate discussion about their experiences with other parents in the same situation, three focus group interviews were conducted: two with Pakistani mothers or fathers (to explore their gendered experiences) and one with Polish mothers.

Data collection

The data were collected in Norway during the autumn of 2013 and spring of 2014. Individual and focus group interviews were conducted with the parents. The interview guides contained open-ended questions covering aspects of having a chronically ill or disabled child that emphasized how the parents experienced their daily life. Three focus group interviews were conducted from the same sample: two with parents from Pakistan (mothers and fathers separately) and one with parents from Poland. Each interview lasted from 45 to 90 minutes.

Data analysis

The analysis of data followed Kvale and Brinkmann's (2009) guidelines for qualitative research. Kvale and Brinkmann (2009) stated that the research interview attempts to understand the world from the subject's point of view, to determine the meaning of the subject's experience and to reveal his/her world. The interview is an appropriate method for exploring experiences, opinions, wishes and concerns because it allows the participants to describe their own experiences in their own words (Polit & Beck 2012). Focus group interviews were used to explore the parents' experiences in their daily life of having a chronically ill or disabled child (Kreuger & Casey 2000). We analysed the individual and focus group interviews together.

The analysis including reading and re-reading the texts of the transcribed individual and focus group interviews to achieve an overall understanding of the texts and then dividing the information into themes and sub-themes. Kvale and Brinkmann (2009) propose three levels of interpretation: self-understanding, critical understanding based on common sense,

and theoretical understanding. The first level, self-understanding, consists of what the informants said and intended to mean. Each interview session was analysed separately to understand its content. Its interpretation was a circular process that moved back and forth from parts of the text to the text as a whole, then back again (Kvale & Brinkmann 2009). For the second level, critical understanding, the researcher used common sense and a critical perspective to interpret and comment upon what the informants had said in each focus group. The interviews were then analysed as a whole to find common patterns or differences between the groups. This interpretation provided a broader framework for understanding the informants. At the third level, theoretical understanding, a theoretical framework based on self-efficacy and coping strategies, such as emotion-focused and problem-focused coping, was used to interpret the text. Research findings from other studies were also used to broaden the perspective.

Ethical considerations

Written informed consent to participate was obtained from the participants before the interviews commenced, and the Norwegian Regional Committee of Ethics approved the study. The moderator ensured that no information from the findings of the study could identify any individual study participant. The data were stored safely and securely, and were accessible only to the researchers. The data are anonymous and will be deleted at the completion of the project. The parents were given information that described the aims of the study, the data collection procedures and the fact that participation was voluntary. They were told that they could leave the study at any time without any consequences. The participants were asked not to talk about the content of the discussions in the focus group with anyone.

RESULTS

The main themes relating to the parents' coping strategies that were identified in the analysis of the individual and focus group interviews were *the daily life experience* of having a child with complex needs, their *problem-focused* and *emotion-focused* coping strategies, and the importance of *self-efficacy*, and *what the stages of the migration process means to their coping strategies*.

Experience of having a child with complex needs in daily life

The children in the study had different challenges and needs for care, and this influenced the parents' coping strategies. Despite these differences, all parents reported that the love they felt for their child was a major strength in meeting the challenges. They also noted that attending to the needs of the child, their other children and family members was essential although it was often challenging. These parents also expressed concern about their own health.

As an example of the love parents felt for their child, one father said, "*You know, when I saw our first child I just fell in love at once. When he looks into my eyes, it looks like he is asking me, 'What happens with me?' I am so scared, but I don't see any sickness in him. He is so nice*". Another parent said, "*We are so happy to have her; she is a beautiful little girl. We accept the child we have.*" These comments show that the parents love and appreciate their child and that these feelings help them to manage their daily life.

The parents also reported that their ability to cope with their daily life can change because of family issues, such as if the mother being the only main caring person, the severity of the child's illness, the family's access to services and extra resources, such as respite care, and support from their social network.

Having a disabled or sick child was described as very demanding for single mothers, who reported that they took full responsibility for their sick child. Some of these mothers lacked support from their relatives and help from their social network. Still, they managed to cope with this situation, some by combining care work with education.

The parents of a child with severe illness who lacked respite care talked of the stress and challenges of having a child with complex health needs, and that this stress affects all family members. The parents worried about their other children because they felt they have less time and effort to care for these children, especially if the child with a disability displays violent externalized behaviour toward his/her siblings. Some parents noted that, as their child matured, the care become more physically demanding and the caring routines more challenging. One parent said that she became exhausted because the sick child was very destructive, destroyed objects and made it difficult for the family to engage in social life.

These challenges had implication for the parents' health. The mothers reported more health problems than the fathers did, in particular, more pain, sleep disturbance and mental health problems. Parents who had children with severe health problems reported depression. Most of the fathers reported that they were healthy but that they were very worried about the health of their wife and sick child. They thought that the situation was especially hard for the wife because she stayed at home all the time and could not go to work. One father reflected on their situation, "*What will happen if I get sick too; who will take care of the children then?*"

Some participants noted other stressful situations such as the challenges linked to their status as immigrants. Most of the newly arrived immigrants had children with a diagnosis, which made their way into and through the system and access to the services easier. However, they had problems with the Norwegian language and difficulties understanding and accessing relevant information. This was also the case for some of the parents with limited social and labour networks, although they had lived in the country for a longer time. The family situation added to the feelings of isolation. Some parents made the effort to obtain additional information and appreciated the help and support they received from staff members in the system.

For some participants, the time required to obtain a diagnosis extended the period without sufficient support. Most families reported that submitting applications for extra resources, which they expected they had a right to, was burdensome. The application was often rejected several times, although, with extra support from social workers to redo the application, they were eventually granted the resources. The immigrants shared these experiences with other families of children with special needs. However, they perceived the unfamiliar health discourse and complex health system difficult to decipher, and they wondered whether they were not treated equally or were not being heard because of their immigrant background. Most parents said that they appreciated living in Norway because they valued the health system and its accessibility, and because their child was recognised and treated equally as children without disabilities.

Emotion-focused coping and self-efficacy

Emotion-focused coping relates to the control of feelings that may occur in stressful situations. The parent's resources, such as their attitude to their situation, personality and inner strength, are important for their coping. It is important for parents to believe they can cope with their situation. Self-efficacy is the expectation that one can cope and is an important factor, which can be enhanced by positive emotions. One mother said: *"I'm very optimistic even though, so I'm looking forward, just hoping everything works out"*. When we asked how she managed to remain optimistic, she said: *I don't know; it is something inside me. I think that if I don't do anything, nothing will happen. I have to push myself up in a way."* This may explain how positive expectations can improve self-efficacy. The parents talked of not giving up because of the love for their child. A mother said: *"I look in the mirror and tell myself that I have to be strong"*. Despite their demanding days, they felt they must not give up because their child needs them.

Another way to improve self-efficacy is by observing others. *“I think it is positive when I look at other children who are worse than my child. My child is not healthy, but she has eyes, hands and feet, even if she doesn’t understand everything that is going on around her”*. This comparison of themselves with others may be an emotional coping strategy. One parent said, *“So, he doesn’t sit in a wheelchair, but he has other problems. But when I look at those in a wheelchair who cannot move, I think he is better.”*

The parents talked of different ways of coping and the need for social support to cope. However, as mentioned above, not all of the parents receive this support. Some parents knew they could receive practical help from friends and family to look after the child’s siblings and sometimes also the sick child to give the parents a break, and this support was greatly appreciated. Social support may represent emotional support as well as practical help. However, parents could also feel socially isolated. They felt they had little or no leisure time. Some mentioned that they had random contact with friends and family. The situation was especially difficult for single mothers with extended care tasks: *“There are some days when I think I have had enough, I think I cannot manage this anymore, but not all days are that bad”*. This quote shows that this mother is on the edge of what she can manage, but she remains strong because she must.

Another aspect that helps these parents to cope is their attitude in the situation.

“Because I am an optimist, I manage to get up in the morning. I have to cope every day, always be strong. Even if I am tired, I cannot feel pity for myself. I look in the mirror and say to myself, ‘You have to rise up and be a strong mum’.”

Another example of the internal resources parents use to cope is to take care of their own basic needs, such as having enough sleep: *“I have struggled with anxiety for a while, but I take control over my anxiety when I take care of my own needs”*.

Positive feedback from others was mentioned as helpful:

“I become very happy when my friends say positive things to me, like, ‘How do you manage to do so much when you are alone with a sick child?’ When they say things like that, it improves my self-esteem”.

Another example of using emotional coping strategies was to focus on their child’s resources:

“I think we should be happy that our child manages to eat and drink by herself. Imagine if she was paralysed, that would be worse. We are lucky to have two healthy daughters whom we appreciate”.

They also talked of how happy they were for the children they had and how the children also gave joy to their family. They saw both their resources as well as their limitations. One father said, *“You are happy for the child you have; it is not pity on us. We thank God for what we have”.*

They did not appreciate when friends and others felt pity for them.

Problem-focused coping and conditions

There are different coping strategies that may help the parent to cope, such as access to universal and selective services, and support from their family. One coping strategy is the extended use of welfare services that is open to all, such as kindergarten and school, which includes the child in ordinary life and ensures that the child has regular everyday routines. Some families need extra support to be able to participate in these local institutions. Most of the parents reported that they were satisfied with the opportunity for their child to attend kindergarten and school. Their children appreciated interaction with peers at kindergarten or school and, for the parents, this provided a necessary break. However, some children did not receive sufficient help from the school such as an assistant and children with autism did not always receive the extra resources they needed.

One coping strategy used by the mothers was to have a job, although, for most mothers, this meant a part-time job. To be able to work, the mothers needed adequate support from the welfare service. Other challenges were the lack of job experience, required qualifications and knowledge of the language, which made it difficult to find a job. This was true for both newly arrived families and some of the mothers who had cared for children at home for many years. Parents who were working reported that the time spent outside the home helped them to cope better because they enjoyed having colleagues and experiencing a role in addition to being a caregiver. Some of the mothers said that they had quit their job because of the demands of caring for a child with a disability. These women missed their former work but found it difficult to find a part-time job. Staying at home added to the feeling of being isolated. A mother, who used to have a job before she became a mother, said, *“It is important that someone misses me, I wish to have a part-time job. Actually, I am more than a caring person; I manage to do much more than look after my child”*. She was eager to have a job, but this required sufficient support to balance work with her family life.

Another coping strategy was obtaining sufficient support from the welfare services to which they were entitled, to ensure that they could live a normal family life. The participants noted the challenges in accessing these services and the need for better procedures for them to receive information about the system and their rights. Many parents talked of a lack of early, systematic and proactive information about the different financial and practical services from the social care organization in the municipalities.

Some of the fathers focused on practical solutions (i.e., problem-focused coping), whereas the mothers often were more concerned about their feelings and (i.e., emotion-focused coping). The fathers said that moving to a larger apartment and receiving more help from the municipality to look after their child would make it easier to cope with their situation. Some fathers mentioned that having a special car for transporting a child in a

wheelchair would be helpful. They also noted the importance of having a routine, such as going to work, and they wanted more help and respite care for their child.

DISCUSSION

Consistent with previous research (Berg 2014, Wendelborg et al 2010), the main finding of this study was that immigrant parents of a child with complex health needs experience stresses and challenges in their daily life. However, few studies have focused on the parents' coping strategies. Here, we discuss those factors that promote and inhibit coping strategies and self-efficacy in the context of previous research and theory.

As mentioned previously, understanding the parents' coping strategies is important for understanding how parents of children with complex health needs adjust to their situation. Problem-focused coping is directed at the source of the demand, whereas emotion-focused coping serves to minimize painful or upsetting emotions resulting from these demands (Lazarus & Folkman 1984). Many mothers spoke about their emotion-focused coping strategies, such as refocusing on the positive aspects of their situation with their disabled child and the rewards of caregiving, and comparing their child with children who had worse health conditions. The love of their children was the most important factor that helped them to cope. This was especially important for parents of a child with severe illness who needed constant care; their days were demanding, but their belief in their ability to cope reflected their deep love for their child.

Emotional coping, or regulating one's feelings, is one way to reduce stress. Some of the parents talked of their inner strength and the need to be an optimist. These are personal factors that may influence how parents think about their situation and how they manage to cope with their sick child. Having a disabled child can be a challenge but can also enrich the caregiver's life. Hastings and Taunt (2002) found that positive perceptions about a child with

a disability may help the parents to cope. Positive emotions have important adaptive significance in the coping process (Folkman 2011).

Caring for a child with special needs does not affect all parents equally. Research on the positive aspects of caregiving emphasizes that families have many resources for coping with the challenges of caregiving (Hastings & Taunt 2002). The parents described their appreciation for their child and how they developed inner strength to gain a new perspective on life. An important concept that may influence coping is the parents' belief that they can handle the situation, an indicator of self-efficacy. According to self-efficacy theory, it is important that the parents believe that they can manage their situation.

Self-efficacy concerns the means by which people cope with demanding situations (Bandura 1997). Self-efficacy is one of the most positive elements of coping with stress. Support from others may strengthen self-efficacy and coping. Self-efficacy refers to a sense of competence and personal control over the care situation. If parents believe that they can deal with the situation and that they have the ability to take a break, delegate tasks, or ask for help when needed, then they will be capable of doing so. Self-efficacy can be enhanced by different factors, such as emotional state (love for their child), learning by observing, modelling and support from others (Bandura 1997). Our participants mentioned all of these factors. However, some single mothers talked of being exhausted by the burden of caregiving, which implies that they experienced stress in their lives. Parents of a child with autism noted that they lacked adequate support from schools and that their child had no one to socialize with during school breaks.

The mothers mentioned that they compared their situation with that of others, whereas the fathers talked of concrete solutions for coping in the situation, such as moving to a larger apartment with more bedrooms. Gender differences have also been reported in previous research; for example, women tend to use more emotion-focused strategies than men (Billings

& Moos 1981). Consistent with previous studies (Greenwood *et al.* 2014), the results of this study show that access to social and health services and respite care are important factors that contribute to better coping by the parents. However, some new arrivals with language difficulties reported greater problems accessing selective services based on written documentation. This is a further challenge for those who lack sufficient language skills and are unfamiliar with the professional health discourse. Having access to social support and a structured environment, routine and living a normal life, such as going to kindergarten and school, helped these parents manage their daily life. They talked of life being more challenging on weekends and during holidays when the child was at home all the time. Our findings from a heterogeneous group of immigrant families suggest that parents of a child with greater health needs become more exhausted and need more help and respite care than do parents of a child with fewer health needs.

Some of the parents also talked of the privilege of working or studying. They said that having something different to concentrate on helped them to cope with their caring situation. Some mothers mentioned that they wanted to be a mother but also to have different roles. This result is consistent with that of a previous study (Donovan *et al.* 2005). A recent Norwegian study found that mothers of children with special needs had a lower income from work than those with healthy children (Brekke & Nadim 2016). Having something else to do besides being a caregiver helped them to cope with their situation better. Most of the parents who had lived in Norway for some time and were able to talk Norwegian had a job or were studying.

Previous studies have found that immigrant parents often have difficulties navigating the health and social care systems (Lindsey *et al.* 2014). As previous research shows (Greenwood *et al.* 2014), new immigrants face language barriers, difficulties understanding information and problems expressing their feelings in a foreign language. As shown before (Greenwood *et al.* 2014; King *et al.* 2014), these parents wanted to receive more information

and help from the municipalities to achieve their rights. In particular, it was difficult if the diagnosis process lasted for a long time and if their applications were declined. Declined applications and battling for the needed support also increased the parents' stress (Wilkins 2015) and may limit their coping.

Some of these parents did not have helpers such as a co-ordinator for their child and lacked an individual plan for their child, which they are supposed to have. Most parents were satisfied with the help they received from hospitals but were less satisfied with the help from the municipalities. Some of the newly arrived immigrant parents who could not speak or understand Norwegian had limited problem-solving strategies. This, in turn, limited the extent to which they could work in partnership with service providers while retaining control over the circumstances that they viewed as a challenge. One study from the USA found that parents of a child with special health care needs struggle to balance child-rearing responsibilities with employment demands. Good co-ordination assists families in their problem-oriented coping and allows carers to remain in work (DeRigne & Porterfield 2010).

Social networks and support were mentioned as important for the parents' coping. The newly arrived immigrant parents felt isolated from Norwegian society and had little leisure time. This finding is consistent with previous research showing that this group lacks contact with family and social networks (Ryan *et al.* 2009). Previous studies of families with a disabled child have found that support from family and friends influence the parents' coping (Knafl *et al.* 2012). A Canadian study of immigrant women found that social support and social inclusion are important to their coping (Gagnon *et al.* 2013).

Immigrant parents have a different cultural background. Cultural factors such as their background may also influence what they think about having a disabled child. Consistent with the findings of another study (Croot *et al.* 2012), some participants in our study from Pakistan

reported that their family felt shame and stigmatization for having a child with a disability, which may contribute to the stress felt by the parents.

It can be challenging for parents to have children with special needs. Norwegian parents of disabled children struggle to achieve their rights in the Norwegian welfare system (Berg 2014; Fladstad & Berg 2008); however, immigrant parents struggle even more. Some parents felt that they were not understood when they talked to social services. It is important that social and health care providers use culturally sensitive care that entails understanding and empathy for the families' values, beliefs and goals (King *et al* 2015, Lindsay *et al* 2014) Cultural sensitivity may even reduce family stress for immigrant parents. Social workers can play a valuable role in supporting immigrant parents of children with complex health needs by providing information about their rights and trying to reduce their stress. This may help them obtain relief from the demands of continuous care and enhancing their coping strategies by providing flexible and tailored social-care services.

Limitations

There are some limitations to this study. Most of the participants were mothers because they were more eager to share their experience than fathers. Despite additional further efforts, we were unable to recruit more fathers. Our study represents eight divorced families and all the mothers had the main responsibility for the child's care, except for one father. Our study is exploratory and was conducted with a limited number of individuals and their experiences are not necessarily representative of all immigrant parents in Norway. Our analyses and interpretation were guided by our pre-understanding as research nurses, a sociologist and a social anthropologist, and by the theoretical framework that we selected. However, our pre-understanding and interdisciplinary background also helped us to create a safe atmosphere when meeting with the participants and helped us to ask relevant questions.

CONCLUSION

The main findings of this study are that immigrant parents of a child with complex health needs experience stresses and challenges in their daily life. The parents' resources, such as their attitude to their situation, personality and inner strength are important to their coping. Their love for their child helps them to cope in their daily life. However, new arrivals, single mothers with a severely ill child who lack support and those with language difficulties struggle to cope in this situation. The parents used both emotion-focused and problem-focused coping strategies to try to reduce their stress.

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