CONTEMPORARY COMMUNITY NURSING CARE FOR CHILDREN IN PROFESSIONAL FAMILIES IN SLOVAKIA – CHALLENGES AND PARADOXES

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Abstract
Theoretical Background: In Slovakia there is no functional model of community nursing care for children in professional families that is why the authors focus on the creation of a community nurse in this specific area. Preventing traumas and supporting children to heal from adverse childhood experiences promotes and protects health throughout life.
Objective: To examine the possibilities of community nursing to improve nursing care for children in professional families.
Method: We applied the method of a semi-structured interview with professional parents. An important source of information was the categorisation of their statements according to three exploratory questions.
Sample: Four professional mothers aged from 26 to 46, selected by deliberate choice. The main criterion was their professional experience as a professional parent, willingness to cooperate, openness to provide information, consent to a personal meeting and processing the information in accord with the ethics of research and privacy.
Results: We summarised the beneficial and questionable factors in nursing care for children in professional families. The interviews with professional parents show that a community nurse is needed in professional families in Slovakia.
Conclusion: Even if community nursing focused on childcare in a professional family does not exist there in Slovakia, there is a possibility for the job of a community nurse in our country. The core goal is raising awareness about this theme in our society. It is important to make an investment in high-quality community nursing care for children, with the greatest impact on increasing the health literacy of Slovak population.

Key words: Attachment. Childcare. Community nursing. Health condition. Professional family.

1 Introduction

The meaning of the concept community from Latin origin *"communitas"* can be understood as kindness, the sense of community or communion. The prospering community has at its core feature an open and effective communication between individual members who, through their mutual openness, strive to reach common goals for the common good of each other. Within this space everyone can receive emotional support, appreciation and practical help in everyday life [1]. **Community nursing care** is defined as the care provided in a particular community, such as the care for sick people, prevention, and health promotion, educating the population about health care and to identify individual needs, elimination of difficulties. The work of a **community nurse** requires independence, expertise and the ability to make the right and timely decisions about the interventions s/he uses within a community. Working in a community enables nurses to effectively design interventions towards health prevention and elimination of risk factors [2].

The childcare in the family is a necessity to ensure the healthy development of a child in terms of cognitive, emotional and social development, safe housing, and healthy nutrition. In case of improper functioning of the family, the withdrawal of a child by the court and the order for institutional care come next. This may be present in the following facilities: A children's home, an orphanage for unaccompanied younger aged children, a crisis centre, a re-socialization centre for drug addicts, and other facilities to implement measures. *"By a child we mean any human being under the age of eighteen unless, under the law applicable to the child, the age of majority is reached earlier"* [3, article 1]. In case the family is not functioning well, according to Family law no. 36/2005 Coll., the court may order the placement of a younger-aged children in institutional care only if their upbringing is seriously impaired and the child cannot be placed in alternative personal care or foster care [4].

In 1993, the concept of **professional care** was for the first time mentioned as professional substitute education in Act No. 279/1993 Coll. on school facilities as *"the mission which provides temporary or long-term care to a child from a substitute education facility or another special educational facility or special boarding school."* Maximum 3 children can be placed there, except for siblings. A person who provides professional alternative care is an employee of Family Foster homes (further FFH) [5]. Škoviera claims that professional substitute education in the family has gradually transformed into a professional substitute family and in 2005 to a professional family, which is understood as the form of de-institutionalisation of family foster home [6]. However, the original intention was to provide specific form of childcare for a child who is severely emotionally disturbed and needs safe home

environment. Due to the content of the work of the substitute educator with specialisation on nursing, the structure of the staff has also changed. The proportion of men decreased significantly, with 9 professional educators pertaining to one educator. The impact of transformation was also reflected in the perception of the status of a professional parent or educator as professionals who lose their respect and esteem in the eyes of staff or children. Towards 31 December 2017, 1373 children were placed in professional families with ordered institutional care in Slovakia [7].

A child placed in a professional family has a better chance of experiencing family and real life. The individual approach of professional parents affects the development of the child's personality, which is not compelled to compete and gain the adults' attention among other children in FFH. They learn to create emotional bonds and build relationships [8]. Bowlby, on the basis of aforementioned, developed the theory of **attachment** – relational bond, which is based on the instinctive tendency in the child to bind to the mother. This tendency is arranged via six primary emotional reactions of a child: *Crying* and *smiling* of a child have the task of bringing the mother to the baby and keeping her close to him or her. *Ensuing* and *holding* have the opposite function – they keep the baby close to the mother. The fifth reaction is *sucking* and the sixth *calling* [9]. Since the mission of a professional parent is to provide safe home to a child, there is an emotional bond, a relationship at the level of attachment. And there in the core of our law there lie the following five paradoxes.

2 Attachment

- **The first paradox** is that *the mission of professional parenting*, as defined in Act 317/2009 coll., remains unchanged. It reads as to *keep the distance from a child* [10]. In addition to attachment and creating an emotional bond with an entrusted child, there are other aspects that a professional parents should take into account and consider that she or he is a human being with certain needs.
- **The second paradox** is the existence of so called *phenomenon of a stranger child* in a family where a stranger child becomes a part of the family, and the professional parent is not always able to express love to the same extent as to his or her biological children.
- **The third paradox** is the *loss of family intimacy*. Last but not least is difficulty for children to *alternately live with their professional family* and *to keep in touch with their biological parents*, and different approaches to the management of children's homes towards professional parents. This can may ultimately undermine the stability of the original family. [8, p. 22-24]. An American psychologist Carl Rogers [11] emphasises that the acceptance of others is important factor in personality shaping and in preserving their children's mental health, because it leads to a sense of safety, awareness of self-worth and formation of their trust to the world.
- **The fourth paradox** is *alternating the child's environment by maintaining a prescribed contact with biological parents.* Frequent alternation of the environment makes the child feel uncertain, unsafe and it creates the feeling that "he has no place in a family". It is important to approach the contact of children with their biological parents individually. It needs to be taken into account if it is in favour of the child or is not.

The research studies show that mother's stress during her pregnancy causes the release of stress hormones that pass on to her child. When a mother gives up her child, even if it is a choice and adoptive parents are present at the birth and a child is placed in their arms as a newly born, an infant has still experienced an **enormous loss**. Every infant is attuned to his or her mother's voice and rhythms and thus in an emotional memory a deep sense of abandonment creates insecurity for the child. This loss is real even if there have been no other *adverse childhood experiences* (ACEs) and *traumas* [12].

Adverse childhood experiences (ACEs) are traumatic events that occur in childhood (0-17 years) such as abuse or neglect, aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or imprisonment of a parent, sibling or other member of the household [13]. The length of childcare in a professional family is individual. Letting a child go from a professional family back to a biological family or an alternative family is another serious trauma for children. The alarming fact is that with a neglected diagnosis of the child's family environment and uncritical aspiration to return the child back to the biological family as soon as possible, the child returns to the dysfunctional family. The child thus alternates between stays in various professional families. Instead of ensuring the child's well-being and safety, any exclusion and placement is another serious trauma in his or her life [6]. Traumatic events in childhood can be emotionally painful and can have negative lifelong effects. Factors such as the nature, frequency and seriousness of the traumatic event, prior history of trauma, and *available family and community supports* can shape a child's response to trauma [14].

Trauma affects *how we* – human beings *feel about ourselves*. The child in general takes things personally. When bad things happen, children believe it was their fault, so they have a *lifelong sense of shame*. Trauma affects brain development, and the brain circuits that regulate emotions, stress, body modulation, social relationships, insight, self-regulation, and impulse control. These circuits physiologically are distorted in their development under conditions of trauma. Trauma also gives a person a *sense of a world where* they don't not belong, where *they are not safe* and do not trust other people or

they trust some people too much when they shouldn't. So it distorts development in multiple ways. And these effects can be lifelong and they can lead to *physiological and mental illness* [15].

Adoptive parents with their best intention start caring for a child who is already filled with unconscious awareness that the world is unsafe and he or she is not worthy. For professional or adoptive parents, the good news is that these unconscious beliefs, and the ways the nervous system is programmed are not fundamental to who we are. What their child has learned about the world *can change*. The most important for healthy development of every child is to *feel loved* – not to be loved. They need to feel it [12, 16].

3 Community nursing care

- **The fifth paradox** is that although at present there are more than a thousand children growing up in professional families in Slovakia, **community nursing care** is not a common standard for children in FFH and professional families. The professional team that provides assistance to professional parents consists of a FFH manager, a psychologist, a social worker and a special pedagogue. Neither of these professionals graduated medical school. Professional parents thus agree that there exists the *need of centre to guide* them in the care of their sick children.

The American Academy of Paediatrics (AAP) reports that the prevalence of health problems among children placed in foster and professional families has increased over the past 30 years. These children are classified as children with specific medical needs. It states that between 30 % and 80 % of children placed in foster families have at least one health problem and one third of them have at least one chronic disease. However, despite these alarming figures, it is common for the disease not to be diagnosed and treated until the child is placed in alternative care. Up to 80 % of children in FFH have specific mental health needs. Approximately 60 % of children under 5 years of age have specific developmental problems and more than 40 % of children in school age experience learning difficulties. They often have special curricula and repeat the same grade at least twice due to the lack of mastery of study requirements [17].

As there is no functional model of community nursing care for children in professional families in Slovakia, we can draw inspiration from Great Britain. Since 1987 there exists Community Children's Nursing (CCN) that serves to support, maintain and develop the provision of quality nursing care for children according to their needs. CCN is able to respond effectively to the current needs of childcare and appeals to the necessity of nursing education.

5 Objectives, methodology, sample and organization

The objective of our survey was: *Examine the significance of community nursing for better quality of nursing care for children in professional families*.

Our partial objectives were the following:

- Examine the children's health and wellbeing as described by their professional parents during the stay in a professional family.
- Sum up the opinions of professional parents about the work of a community nurse in the care for children in professional family.
- Examine the assessment of the factors beneficial to professional parents in childcare.
- Examine the assessment of the factors questionable to professional parents in childcare.

We used the method of oral semi-structured interview with four professional parents, which we focused on the healthcare provided to children placed in professional families. One interview lasted 60 minutes. All parents agreed that children would be the part of our survey. The written communication from all semi-structured interviews written down in the form of transcripts. We asked professional parents 9 survey questions.

The survey sample consists of four professional parents aged from 26 to 46 who care for children in a professional family aged from 0 to 15. Their experience with childcare as professional parents is from 2 to 11 years. All the respondents were selected by deliberate selection, the criteria for selection were practical experience in the profession of professional parent, willingness to cooperate, openness to provide information, and the possibility of personal meeting (table 1).

Table 1 *Sample – professional parents*

Respondent sex	Age	Period of employment	Number of children in professional care
Female	34	5 years	6
Female	26	2 years	4
Female	46	10 years	20
Female	40	11 years	19

We started the research with semi-structured interviews with professional parents in February 2019, in respondents' homes. The duration of one interviews was approximately 60 minutes. During the session we obtained the information about health condition and manifestations of individual children, which were categorised and evaluated.

5 Results

The individual parameters in the interviews with professional parents were based on our survey objectives. The obtained results (table 2) indicate the demand of professional families to turn with their questions and uncertainties about health condition and childcare to professional community nursing.

Table 2 *Brief overview of the results of interviews with professional parents*

Parameters	Results
Information of the child's health condition obtained by a professional parent	Superficial information in three parents of four – performed only basic screening. Inconsistent investigation of drug and toxin effects, Fetal Alcohol Syndrome (FAS). Absence of examinations despite symptomatology, for example in an epileptic seizure. Child neglect. Revaluation of psychiatric care. Need to handle multiple medical examinations due to inconsistency of FFH staff. Deliberate concealment of information on the child's health and behaviour. Indifference in the diagnostics in proven manifestations such as reflux. Nameless problems. In one case of four, sufficient information was provided about the child's health condition (Jaundice type C).
Meeting the needs of a child during care in a professional family	Complexity, respect for individuality (*How* – not only – *What*). Biological needs (nutrition, sleep, excretion, and hygiene). Mental needs (love, belonging, self-esteem, and self-acceptance). Social needs (to belong somewhere, to have a place).
The opinion of a professional parent on community nursing	Absence of a specific concept of a community nurse in one of four cases (giving priority to medical assistance). Certainly in two out of four cases. Nurse as the part of a preparatory team in one of four cases.
Area of community nursing through the perspective of professional parents	Education and management of risk situations. Help with specific diseases. Professional information about child development. Visiting service in professional families. Help and support for professional parents. Group counselling for professional parents. Provision of comprehensive information to unexperienced parents, for example about sudden death syndrome of new born, understanding of the behaviour of a child with withdrawal symptoms, traumatised children due to non-admission, rejection, hyperactivity (ADHD).
Assessment of the child's prosperity by parents due to the professional family	The longer the stay in a professional family, the better for the prosperity of a child. The importance of long-term stay in a professional family also lies in establishing a relationship. The proper time to establish a relationship is from 3 to 4 years. Stabilisation of a child's health. For some children, progress in the professional family is visible after three months, in other cases after two years (in the case of a mature professional parent, the shift is being noted after 1 year). Expression of a child's personality is present within 1 year of a stay in a professional family. Cognitive growth in a child is positively evaluated. The shift is always visible depending on the severity of the damage: Child with withdrawal symptoms – the adaptation within a few weeks. Child with FAS – adaptation within a few months.
Factors assessed by professional parents as beneficial	Respect to the needs and habits of the child that have impact on the adaptation in a professional family. Meeting the need for safety and security with respect to family environment, daily routine, and relationship. Understanding the causal relationship between behaviour and consequences of a child, training of patience, mutual consensus and child stabilization. Efforts to adequately manage risks – help with specific diseases (asthma, laryngitis, and kidney disease), self-harming, withdrawal symptoms, FAS, injuries, sudden deterioration of mental status.

Factors assessed by professional parents as questionable ones	Fragmented care – incomplete and missing information, alternation of caregivers, automatic pedopsychiatric care, absence of systemic child guidance, indifference of supervisors. Legislation – repeated contact of a child with risky environment, lack of experience with the community nurses, absence of the mother is replaced by pedopsychiatry, the medical doctor is perceived as a guarantee of "quality" care, addressing the child's inadaptability by premedication. Failure to cope with problem situations – self-harming to attract attention, encopresis to attract attention, nightmares, wetting, sadness and fear in children.
Specific steps in the care of children by professional parents	Create natural family conditions, lead children to independence. Complement the awareness of a child's health, better diagnostics of child's health problems, better understanding of individual specifics in meeting the needs of a child, assistance during learning and promote socialisation.
Need for support and assistance for professional parents	Encouragement, management of emotionality (rationality), supervision, the network of professional parents, motivating attitude of superiors, community nursing.

Source: Our own research results

In the following chapters from 3 to 7 we present our survey findings in the agreement with given objectives.

5 Quality of information about children before their stay a professional family

The results indicate that parents perceived the information about the child's health condition before their stay in a professional family as incomplete. They lacked information about:

- social background of the child like drug abuse, alcoholism, abuse, neglect;
- genetic burden such as mother's epilepsy;
- children's home adaptation process;
- special habits and needs of the child; and
- if respectively when a child overcame fetal alcohol syndrome (FAS) or other chronic diseases.

Despite the symptomatology, the parents consistently claimed that the child had not been diagnosed in his or her early stages in certain diseases. Basic screening of children was made across-the-board that may not have been sufficient to diagnose child-specific diseases in FFH. From the parents' perspective, automatic pedopsychiatric care was often indicated.

7 Child's progress from the perspective of professional parents

Positive prosperity of the child due to the professional family results from the testimony of all professional parents. It is clear from their testimony that a longer stay in the family had a greater impact on the child's health and development. The progress was conditioned by the degree of the damage to a child, the length of family stay and the quality of care provided by the professional parent.

8 Professional family – added value to a child development

Professional parents regarded among the factors that support the healthy development of a child in a professional family in particular the following:

- Promotion and respect of a child's individuality;
- satisfying the need for safety in the sense of *belonging – having his/her own place to live";*
- encourage children to perceive the relation between cause and consequence of their behaviour;
- leading children to independence; and
- good risk management techniques and dealing with sudden situations.

Based on our observations, the right choice of family with regard to the needs and health condition of a child, the age and maturity of the professional parent, his or her readiness for the role of the parent, experience, responsibility and responsiveness to the specific needs of the child are very important personal characteristics.

9 Barriers to quality childcare in professional families

Professional parents consider the following to be questionable factors in their work:

- Insufficient support or indifference by superiors (FFH management)
- too fragmented care – frequent child rotation between families families, the transfer of a child from their professional family to biological family and vice versa,
- legislative loopholes regarding the repeated contact of children with the risky environment from which they were excluded,

- failure to cope with acute and problematic situations in children, such as self-harm, deception, aggression and others,
- lack of system access.

Too fragmented childcare led to the provision of incomplete information to professional parents about the child from healthcare professionals. The fact that the child did not have one stable person to take care of him or her, led to fragmented childcare and biased assessment of the child's health condition, which was worked out as an automatic pedopsychiatric childcare. In this context, we were intrigued by the fact that in every interview with professional parents every child in FFH was dispensarised.

10 Creating the role of a community nurse

The opinion of participants on community nursing were not explicit. They believed that the role of a community nurse is to provide them necessary help in their childcare especially for ill children:

- Provide necessary information of a child's health condition and of developmental specificities.
- Visitor service in professional families.
- Education and management in dangerous situations.
- Individual and group counselling.
- Provision of comprehensive information to parents with no experience for example about traumatized children and hyperactive children with ADHD.

We attribute it to their lack of experience in this type of care. The best vision for the work of a community nurse had older and more experienced professional parents. According to professional parents, a community nurse should provide individual education, group counselling and visitor service.

11 Conclusion and recommendations

The need to utilize community nursing in Slovakia has been increasing. In Slovakia there does not exist the job of **a community nurse** in a professional family. This is mainly due to changing social conditions. However, community nurses are required to provide specific nursing care. The community is also a professional family. Placing a child outside of his or her biological family should primarily be associated with a high level of professional responsibility [18]. It is important for professional parents to be aware of the magnitude of what they take on, because children are not a blank sheet of paper nor parents are. They need to be very patient and dedicated, not expecting anything from their children in regards to expecting them to take good care of their children's needs.

Preventing adverse childhood experiences (ACEs) by supporting children and their parents to heal from ACEs and their impact, already promotes and protects health and well-being now and in the future. Relational bond in the very early years is crucial for healthy development of every human being. Gabor Mate believes attachment is amenable to positive intervention – the power of relationship in healing and the neuroplasticity of the brain. Good and healthy relationships support healthy development throughout human life [12].

Community nursing has a relatively wide field of activity in the field of childcare in professional families. Based on our survey results, we found it very important to complete the information about the child as soon as he/she was placed in a professional family. It is important for parents to know the information of child's health condition, genetic burden, overcoming withdrawal syndrome after the childbirth, their specific habits, adaptation problems and specifics in meeting his/her needs. Community nursing can have a supportive effect on satisfying the child's safety and security needs by monitoring the family environment and providing support to professional parents. A well-informed and educated professional parent has the potency to prevent risks. For professional parents can be helpful a community nurse who, based on her competencies, can provide specific nursing care for children with various health problems; she can educate, support professional parents and provide visitor service in their professional families. A community nurse can provide professional parents with information related to childcare – meeting the children´s needs depending on their development stage, and specific health issues. She would also be in charge of risk and problem management. She could support professional parents in specific diseases that require the provision of professional nursing care. Another area where a community nurse could work is a group counseling for novice professional parents. According to professional parents, the community nurse should provide comprehensive information related to the following: Sudden neonatal death syndrome, with an understanding of a child with withdrawal symptoms, traumatized children due to non-admission, rejection and ADHD children.

Based on the results of our qualitative study, we suggest the following **recommendations for community nursing practice** and the work of a community nurse in the field of childcare in family foster homes (FFH) and professional families:

- Implement and document an assessment of a child's health condition and specificities in meeting the needs of a child before being he or she is placed in a professional family. Provide parents with complex information related to the specifics of childcare.
- Assess the professional parent's readiness for childcare of a child with specific needs.
- Provide professional parents with support and advice in the childcare of children with specific needs.
- Provide parents with emergency counselling in emergencies.
- Realize a visitor services in professional families to examine the environment, childcare and provide supervision to professional parents.
- Attend educational courses to improve the knowledge of professional parents that can make a significant contribution to the better quality of childcare in a professional family.
- Spread awareness about the benefits of community nursing in a professional family.

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