

Psychological and social Dimensions of caring for injured Children in professional Families

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Abstract:

The main objective of this theoretical-empirical study that analyzes two types of care for problematic children in professional families is to point out and identify the specific requirements and issues of caring for children who, for various subjective or objective reasons, experience problematic life situations. Methods. In the present research, the authors investigated the satisfaction of professional parents in providing care for children with ordered institutional care by use of qualitative techniques. The main identifiers and categories in determining satisfaction were the performance of their profession, dissatis-

faction of professional parents in cooperation with the professional team in the center for children and families, identifying the most common causes of dissatisfaction of professional parents in caring for minor children and finding a correlation between the perception of their profession as a positive contribution to the further development of the child. Eight participants, women who are employed in the center for children and families, participated in the research. In the final part, we verify the established hypotheses that identify the issues of professional families. Conclusions and discussion. The main contribution of the final part is the awareness of the sensitivity of the topic identified by the created interview with the participants. When confirming the four established hypotheses, we can say that three of them were confirmed, while the hypothesis that stated the dissatisfaction of professional parents in cooperation with other professional teams was not confirmed. Conclusion. The study points to the sufficient satisfaction of professional parents in the performance of their profession, identifies the most common causes of dissatisfaction of professional parents in caring for minor children and, last but not least, it is a pleasing fact that professional parents perceive their profession as a positive benefit for the child in terms of his further psychological development. Professional parents have especially good cooperation with other experts who are interested in the well-being of the child in the professional family, and so we can say that it is the professional family that becomes a refuge for the child, but also a springboard for his future life in society.

Introduction

When caring for children in professional families, we encounter specific features resulting from the combination of elements of institutional and family care. In one place, there is a combination of professionalism and emotional involvement of these people. The organization of a professional family is to a large extent a copy of the ordinary family system. This means that it includes organizational complexity, limitations, adaptability, a certain degree of permeability, a system of continuous information exchange as well as self-preservation and self-protection. As Hudecová and Gregorová state, “each family system is made up of several subsystems, the most important of which are the marital (partner) subsystem, the parent-child subsystem, and the sibling subsystem” (2008, p. 56).

Professional families

In professional families, these subsystems are modified. Since the marital subsystem is

not a condition, since the professional parent does not have to be married. We replace the parent and child subsystem in a professional family with the professional parent and entrusted child subsystem. The sibling subsystem in this understanding is created by siblings with ordered institutional care, but it is not always possible to place them together in the family. It is also completed by the biological children of professional parents (Tvrdouš et al., 2022; Lesková, Haburajová-Ilavská, 2023). For the quality fulfillment of individual functions of the family and therefore, in our understanding, also of the professional family, it is necessary to create firm and flexible boundaries between the aforementioned subsystems. As stated by Matějček (1986) and Budayová (2024), children need adults for their lives (Duka et al., 2024). They ensure their upbringing and proper care. Attention and praise are motivating for children. A sense of safety and security is essential

for their positive development. (Tkacova et al., 2023; 2024).

For an abandoned child, a professional family is of great importance. This family becomes a place of emotional support and also an important socializing factor for children with institutional care. On the one hand, it replaces the upbringing and care of the original family, on the other hand, it also has its own specifics and pitfalls that professional parents and sometimes even the children themselves struggle with.

Šmajdová Bušová (2012) states that two significant factors influence the upbringing in professional families, which are time and changes. In professional families, repeated changes take place in certain time periods. Changes can be slow or sudden, which cause stress to individual family members and burden them. They are related to the very rotation of children in professional families. Neither the children in care nor the professional parents themselves know the exact length of the children's stay in their household, they cannot prepare in advance for the time period and course of the child's stay.

In terms of the time intervals of one child's stay in a professional family, we distinguish phases:

- From the perspective of the professional family and its members - the phase in which the family prepares to accept a new child by collecting and summarizing information about the child through the children's home employees. And the second phase, which already represents the actual implementation of the change, when the child becomes part of the professional family.
- From the perspective of the entrusted child - it is necessary to mention three phases, which are the pre-adaptation, adaptation and post-adaptation period.

The child's adaptation to the new environment is difficult and important for the child and for building relationships. At this stage, relationships between professional parents and entrusted children are formed. The length itself and its course depend on several factors such as the child's age, his abilities, habits, bad habits that the child has acquired in the biological family, in the children's home. The course of the adapta-

tion itself is accompanied by various behavioral manifestations. These are often influenced by fear and anxiety of the unknown. For this reason, children experience various psychosomatic disorders, such as eating disorders, sleep disorders, digestive problems, problems with excretion, crying, defiance, disobedience and others. The adaptation period certainly has its irreplaceable place in the process of creating bonds and positive development of the child. However, K. Šmajdová Bušová (2012) points out the need to focus the attention of the professional public on the pre-adaptation, but especially on the post-adaptation period when strong emotional bonds and lasting relationships are most often created between professional parents and entrusted children. These situations are created mainly after the elimination of developmental delays in children.

The above shows that professional parenting does indeed include elements of a regular family system, but on the other hand it has its own specifics with a focus on time and changes, partial differences in the composition of the structure. Which again points to the dilemma of professional versus parent.

Children placed in professional families

As stated by Kondrla et al.: "Having a family has always been understood as family happiness or wealth" (Kondrla et al., 2023). For every individual and especially for a child, the family, one's own, biological, is an important basis for healthy development. The family can be enriching for a child, bringing them feelings of happiness and satisfaction, but if it does not function, it is also a source of great suffering, fear, and insecurity. The child identifies with the parents and vice versa, they form a single whole. For the child, but also for his or her family, the removal of the child is a great trauma. Removal should be the last possible solution when the child's stay in the family is truly threatening.

Let us mention the basic groups of children who are ordered to be institutionalized:

- children of sick, physically or mentally disabled parents who, due to their condition, are unable to take care of their child and do not have an extended family to help them,

- children of antisocial parents who commit crimes, use alcohol or drugs,
- children of parents who live at a very low socioeconomic level – homeless, unemployed,
- children who were born with a health handicap and whose parents were unable to take care of them for that reason, (Svoboda et al., 2024)
- children who were born to parents who themselves did not experience a loving relationship, are unable to create one even in relation to their children, and who themselves grew up in children's homes or in troubled families without love,
- children who were born to underage mothers, immature mothers, without a family background,
- children who were mentally or physically abused, neglected or abused by their parents,
- orphaned children who did not know another close person who would take care of them. As we can see, there are various reasons why children are removed from their families. As we already know, the obligation of children's homes is to place children under the age of six in professional families. In children who were removed from their biological family for the above reasons, we can observe various types of developmental disorders, which occurred not only due to genetics but also due to the environment in which they lived a part of their lives (Weiss et al., 2023).

Vágnerová (2005) focuses on the lagging behind of these children in individual areas of development:

- in the area of physical development – the consequences of physical abuse, neglect, sexual abuse are reflected, these are manifested in children in the form of burns, abrasions, neuroses, bedwetting, stool leakage, sleep disorders,
- in the area of cognitive and intellectual development – which is manifested by insufficient vocabulary, communication disorders, unsatisfactory school results, learning disorders, inability to perceive reality and one's own ideas are frequent,
- in the area of emotional development – which is a consequence of emotional abuse and neglect, which is displayed in the child through

passivity or, on the other hand, through aggression. Such behavior is a reaction to emotional insecurity, when the child is unable to adequately control emotional deficiency and tries to saturate it by accumulating food, things, etc.,

- in the area of social development – when the child is unable to create social relationships, which are superficial. When modeling them, he uses aggression, unpleasantness, jealousy, excessive diligence, even intrusiveness). If he is not accepted in relationships, he forms an objective perception of his person – he either underestimates himself or feels superior,
- in the area of moral development – when, as a result of inadequate role models and social backwardness, sociopathological phenomena such as crime, theft, bullying, violence appear in the child (Vágnerová, 2005). Professional parents accept children with these developmental disorders into their families. Before placing a child in a professional family, it is necessary for the children's home, through the staff of the professional team, to familiarize the professional parent with all available information about the child and also the date of his arrival. Based on which, the professional parent can prepare the members of his household for the arrival of a new member. The time for preparation is sometimes very short, information about the child's situation is minimal. In the process of adapting a new child, especially in children under three years of age, professional parents may notice some of the symptoms that may signal developmental delays, which are:
 - the child overreacts or underreacts to touch when bathing, stroking, cuddling, etc.,
 - the child avoids eye contact,
 - the child overreacts to sensory sensations, or is inattentive to them,
 - the child's motor and muscle reactions are hyperactive or slowed down, fine and gross motor skills are poorly developed,
 - the child's crying is intense and cannot be soothed, or on the contrary, the child does not cry at all,
 - the need for food comes first, the child needs a constant supply of food, or on the contrary,

there is a loss of appetite, (Petrovic et al., 2023)

- the child sleeps excessively long, or on the contrary, the child is alert and cannot be soothed,
- the child is not afraid of anything, or is too scared,
- speech is limited, or on the contrary, very extensive,
- the child reacts to a stranger with fear, or on the contrary, has no problem establishing contact with anyone (Archerová, 2001). The reason for these developmental delays may be negative influences that enter the prenatal period as a result of insufficient nutrition, addiction to addictive substances, or intrauterine trauma. It is for these reasons that some children react inadequately to touch, sound, movement, smell, light, or the taste of food (Archerová, 2001).

The role of professional parents is to help the children entrusted to them overcome and alleviate these developmental disorders through appropriate educational intervention. They are expected to accept the child unconditionally, shape his personality and needs with regard to family history and traumas. They will approach the child individually, become his support, and develop his personal interests and abilities.

Emotionally deprived children

Emotional deprivation is defined as “a situation where a person’s basic emotional needs are not met, such as the need for security, safety, and love. A child’s emotional dissatisfaction can be caused, for example, by the child not having his or her own parents, the family is dysfunctional, falling apart, the child is disabled, or is often in institutional care facilities” (Prucha et al., 2003). “If a child is not given the opportunity to satisfy any of his or her basic psychological needs to a sufficient extent and for a sufficiently long period of time, we are talking about psychological deprivation” (Matej, 2000). For the healthy and full development of each individual, it is necessary to ensure that individual needs are met. If a child grows up in institutional care facilities, this deprivation often deepens. Raising children in professional families, where it is more targeted and individual, focusing on the specific needs

of the individual, contributes to its alleviation. The manifestations of psychological deprivation are addressed in his works by Matejček (2015), who talks about its various forms such as superficiality in emotional relationships, impaired communication skills, poor school performance, and behavioral fluctuations. In the first years of a child’s life, he points out the need to fulfill the following needs:

- The need for a certain degree of stimuli and stimulation - within which there is an adequate supply of stimuli in terms of quantity, quality, and variability. This activates the individual to constantly receive new stimuli from their environment.
- The need for a certain degree of constancy, order, and meaning of stimuli - from individual stimuli, knowledge and experiences that are meaningful and organized should arise (Leka et al., 2024). This allows us to master basic strategies and work procedures. This is a basic need for fulfilling the learning process.
- The need for a close person - satisfying this need brings the child a sense of security and safety. It is a condition for a harmoniously developing personality. Children in separate groups in orphanages have a hard time forming a deeper relationship with one person. In a professional family, there is a more realistic chance of creating one.
- The need for identity, which results in the need for social application and therefore self-worth in society - represents a positive acceptance of oneself, one’s social value. Which is a condition for assuming subsequent social roles and satisfactory inclusion in society. We often encounter children leaving children’s homes having problems with their own identity and awareness of their own identity.
- The need for an open future, life perspective - satisfying this need gives the child the opportunity to find new life challenges (Sirotkin et al., 2023). Life in a functioning family brings with it a new view of the future, hope, family ties, feelings of love, security. On the contrary, the loss of life perspective leads to despair and hopelessness (Matějček, 2015; Petrovic, et al., 2024; Stan-Pavlikova, 2024). By fulfilling these needs in children with ordered institu-

tional care in individual professional families through friendly and open behavior that is intentional and purposeful, significant correction occurs in children with the consequences of psychological deprivation. The success of this activity on the part of professional parents depends to a large extent on the child's ability to respond positively and accept this offer (Šmajdová Búšová, 2013; Šimek, 2021).

Children with attachment disorders

The relationship between a mother and a child is already established during intrauterine development. When a child is born, the mother or another close person (father, grandparent) satisfies all the child's needs. A mutual bond is thus created between the child and the closest person, which constantly deepens. This loving relationship between these people has an impact on the development of the child's psychological, physical and subsequently social development (Matej, 2000). In children with ordered institutional care, we often encounter difficulties that arise as a result of attachment disorders to a close person, i.e. a relationship person. "It is important for a child at an early age not to be separated from the relationship person, but to be constantly close to him. Only under such conditions can a secure relationship develop" (Bizová, 2015, p. 60).

Unlike children growing up in biological families, who are in direct contact with their loved ones, children in various forms of alternative care have been separated from their relatives. This means that the relationship has been interrupted. This fact is reflected in the child's life very negatively, it means a great psychological burden for him, a threat to emotional development, as he temporarily loses a sense of security and safety. These children adapt to a new environment and new people with great difficulty (Bizová, 2015). Most children who come to children's homes come from an inappropriate family environment, where the mother did not meet the child's needs, even neglected him. They may develop:

- anxious attachment, when the child is unduly attached to the parent, thereby trying to gain a more intense sense of security,

- insecure ambivalent attachment, in which moodiness in relation to the adult alternates,
- insecure avoidant attachment, when the child alleviates his or her insecurity by disinterest in the parent (Archerová, 2001). When building a relationship, professional parents may encounter various negative manifestations that stem from a disrupted relationship.

Scholler in Bizová (2015) includes withdrawn and rejecting behavior, hiding food, overeating, aggressive behavior, lying, stealing, averted gaze, and indiscriminate affection. Thanks to a patient approach and the right educational method on the part of professional parents, it is possible to create a relationship in the child with new people who provide care for the child. Based on this, negative manifestations in the child's behavior that arose from the initial disrupted relationship can be eliminated, or even completely eliminated. The course and time of the attachment process also depends on the child's age. For older children, it is often a difficult and long journey, and even a small improvement in relationships is perceived as a great success.

Traumatized children

Children who come to children's homes and then to professional families experience trauma in their lives. Traumatizing events, as stated by Škoviera (2007), can occur in a child during pregnancy, after birth, in the home environment, or in connection with entering a substitute environment (Pavlikova et al., 2023, Shyshak et al. 2024). Children also become socially and emotionally disturbed due to the influence of these traumas. The term trauma comes from Greek and represents injury. In contrast to the original perception of this word, we are currently talking not only about physical but also about psychological injury. A traumatic event can be understood as all forms of abuse, neglect, abuse, as well as the aforementioned rupture of a relationship with a close person (Zenelaga et al., 2024). Ludvigh Cintulová et al. (2023, 2024) and Binetti (2021) report on stress in children, which arises in early childhood. This stress in children is caused by insufficient fulfillment of basic needs such as hygiene, food intake or gen-

eral care. During this period, the child learns to walk, acquires self-service activities, perceives relationships between people, distinguishes the behavior of adults, and desires to achieve his own benefit. When he fails, he resists, his behavior is inappropriate, even aggressive. Here, the tension that arises can transform into stress and repeated stress can subsequently cause trauma in the child (Valachova et al., 2024). Experiencing trauma in children is difficult, they cannot rationally process reality, which is reflected in their behavior and experiences, causing various educational problems for the child. “Experienced traumatic events can spontaneously enter the child’s consciousness in a state of wakefulness, but also during sleep in the form of recurring night terrors. The child sometimes copes with them through daydreaming or fantasy games, or the spirit of absence” (Bizová, 2015; Popovych et al, 2019).

Child maltreatment affects the development of the child’s brain, meaning that some brain connections are strengthened and others are blocked (Kobylarek et al., 2022; Prokhorenko et al., 2023). A child who was neglected at an early age and whose mother did not care about him needs to gain the experience of a caring environment, a feeling of support and interest from the caregiver (Králík, 2023; Králík et al., 2024). These positive experiences will slowly replace previous experiences. New connections will subsequently be formed in the child’s brain, replacing the originally adopted ones. Here too, it is necessary for the caregiver to understand the causes of the child’s negative, hostile behavior. Reactive manifestations of trauma subside thanks to the kind approach of professional parents who care for the child. However, sometimes love and care alone are not enough to heal a minor’s soul, but the help of experts and therapists is also needed, with whom professional parents can cooperate and use their professional help.

Cooperation with the biological family

“Biological parents and family form the basis for the child’s growth and development, as they provide the child with an awareness of who he is and where he belongs from birth. The child needs a relationship with them in order to devel-

op self-confidence and the ability to trust others” (Bursová et al., 2024; Popovych, 2020).

The arrival of a child in a professional family does not have to end the child’s relationship with his biological family. On the contrary, if there is even the slightest interest on the part of the parents and the child, the children’s home uses all available options to support this relationship. A complete interruption of contacts with the family can really threaten the child’s return to the natural environment (Budayová et al., 2024; Križlerová, 2015). In building and processing identity, meeting with one’s own biological parents plays a special role for the child (Janackova et al., 2024; Khalid et al., 2024). If a receptive professional parent is also present during these contacts, the child has reinforcement through which he can experience and process a sense of security and the creation of positive relationships (Šimek et al., 2021; Popovych, 2019). In practice, however, we often encounter the fact that professional parents often perceive this fact as a significant negative aspect of their work and efforts. They are afraid of contacts with the family. Cooperation with the biological family is primarily ensured by the children’s home, but the professional parent also actively participates in it (Hamarová et al., 2024; Máhrík and Králík, 2024a). The meetings themselves and other forms of contact are preceded by an investigation of family circumstances and the creation of a social work plan with the child and his family. On the basis of which specific tasks are developed aimed at eliminating or mitigating the causes that led to the failure in the family (Šmajdová Bušová, 2013; Králík, 2024).

Professional parents are familiar with these plans and are also provided with all the necessary information about the child’s parents and other relatives as well as the possibilities and course of contacts with them. They can also participate in the formation and creation of positive bonds with parents and siblings through their active activities, especially through ongoing conversations about the family, which are positively formulated, not judgmental. The provision of new information about ancestors as well as photographs from the life of the original family is also of great importance for the child (Úsmev ako dar, 2022).

The professional parent is obliged to enable the child to meet with his/her parents and relatives. According to the psychologist's recommendations, he/she prepares the child for the meetings. His/her task is not to evaluate and judge the relatives, but to respect them and family relationships (Budayová et al., 2023a,b; Makan et al., 2023). After individual meetings, written contacts or phone calls, he/she monitors the child's psychological and physical condition, and informs the members of the professional team with whom he/she collaborates about essential facts. The professional parent has the right to decide whether to personally participate in individual meetings with the child's biological family. The professional team respects his/her decision (Fila et al., 2024). The biological family is not provided with the professional parents' address. However, this is not a guarantee that the biological parents will not find out this data from other sources. In such a case, the professional parent's privacy may be significantly violated (Maturkanič et al., 2022, 2024). In our conditions, the priority in the direction of social and legal protection of children with social guardianship is to focus social work in the family of the child who is placed in a facility for the implementation and support of measures aimed at the rehabilitation of the natural environment in coordinated cooperation of individual stakeholders (Tomová and Árpová, 2018). Which reflects the need to support and maintain the child's relationships with his parents, siblings and relatives to whom he has a personal relationship.

Cooperation in the process of alternative family care

If a situation arises that, for various reasons, the relationship between the child and his biological family is completely interrupted, or if the child's return to the original family is not possible, the children's home, in cooperation with the relevant office of labor, social affairs and family, implements the necessary measures related to the process of preparing the child for one of the forms of alternative family care. We described the forms of alternative family care in the first chapter of this work, so we are talking about fos-

ter care or adoption either in the Slovak Republic or abroad. The role of a professional parent in the process of arranging alternative family care is to be fully supportive in preparing the child for the transition to a new family. He/she follows the recommendations of the members of the children's home's professional team, whether it is a psychologist, social worker, or therapeutic pedagogue (Martin et al. 2023). He/she accompanies the child in interactions with applicants for alternative family care, provides them with the necessary information about the child, his/her health, mental and physical development, as well as his/her habits, daily routine, or specific upbringing requirements. The professional parent becomes the child's closest, contact person, consults and suggests solutions that will minimize uncertainty on the part of the child. We can perceive these facts as ordinary matters that need to be implemented. However, sometimes they can be very demanding and burdensome for a professional parent, especially if positive bonds and relationships have been created between them and the child. Among professional parents, there are those who find it difficult to bear the fact that they are only a kind of transfer station for children on the way to a foster or adoptive family. In connection with this, difficult situations arise both on the part of the professional parent and on the part of the child. To what extent these negative feelings can be eliminated on the part of the professional parent and also on the part of the child depends on a whole range of factors. It is also related to preparation for this profession, personality traits on the part of both the adult and the child (Árpová, 2023; Árpová and Árpová, 2024). Managing this difficult situation also depends on the support and advice of all members of the professional team who cooperate with a particular family. In working with children placed in children's homes and therefore also in professional families, the creation of the "Book of Life" has proven itself. It concentrates important information from the child's life, photographs from individual periods of life, capturing significant life events, people and places that have influenced their life so far (Pavlikova and Tavilla, 2023). These are facts that are important for their future life and the for-

mation of identity. When leaving a professional family, for example, due to the mediation of substitute family care, the child takes this memory book with them. Here too, we see the possibility of at least partial alleviation of the wounds that may be caused to the child by another change in their life.

Methods

In the present research, a qualitative case study was employed, conducted as standardised interviews. A case study is an interpretive approach, where the researcher is open to multiple meanings and interpretations. The methods for these approaches are inductive (Guttesen, 2022, p. 86; Guttesen and Kristjánsson, 2023). The method of sampling chosen was convenience sampling. Although it is not ideal, due to its potential to result in a biased sample, it is often “the only approach possible in some circumstances and we may have to tolerate the potential biases that ensue from this strategy” (Langdridge, 2004, p. 41; here, quoted from Guttesen, 2022, p. 101; Guttesen and Kristjánsson, 2023, p. 8812; Guttesen, 2024). It is also worth noting that “convenience sampling is commonly used in qualitative research, within disciplines such as educational and social sciences, as useful results can be obtained” (Kondrla et al., in press).

The main goal of the present research was to determine the satisfaction of professional parents in providing care for children with ordered institutional care.

To answer the main goal, we must first obtain answers to the partial goals that we have set:

- to determine satisfaction, dissatisfaction in the performance of their profession,
- to determine satisfaction, possible dissatisfaction of professional parents in cooperation with the professional team of the children’s home,
- to identify the most common causes of dissatisfaction of professional parents in the care of minor children,
- to determine whether professional parents perceive their profession as a positive contribution to the further development of the child.

Hypothesis No. 1: We assume that professional parents will generally express satisfaction in the care of the children entrusted to them,

which is also related to their initial motivation in relation to this profession.

Hypothesis No. 2: We assume that professional parents will express their dissatisfaction with the lack of professional care in the orphanage where the Center for Support of Professional Parents is not established.

Hypothesis No. 3 We assume that the most common reasons for professional parents’ dissatisfaction with the care of children entrusted to them are labor-legal relations as well as work with the biological family of these children.

Hypothesis No. 4 We assume that professional parents generally perceive their profession as a positive benefit for the children they provide care for, as evidenced by positive evaluations from the wider public with whom they meet daily.

Characteristics of the research set

We addressed eight professional parents who are employees of two orphanages in the Košice region. We chose two Centers for Children and Families in a district with a high representation of national minorities. We deliberately chose employees of two children’s homes in order to create an objective perspective for processing the research results. The research was therefore attended by eight participants, namely eight women aged 23 to 57. All of these participants are in permanent employment at one of the above facilities. The research was conducted in January and February 2024. We met with the participants in their homes, and we agreed on the dates of the visits in advance by telephone.

Characteristics of the research method

Among the important methods of qualitative research is the interview method. The interview has its own precisely defined procedures and principles that must be followed. It is a method of obtaining information directly from participants in direct communication. The interview is an important means of communication, it is also used as a method of getting to know a person. For some methodologists, the interview is perceived as one of the most important methods of examining people. As stated by Ondrejko (2007), “the interview is the collection of information about

people, objects, phenomena, processes. It is an interview with people who are telling the truth about facts that they know or think they know.”

Research questions for professional parents:

1. What was your motivation for your current job? Supplementary question: Has your motivation changed during your practice?
2. How do you evaluate the cooperation with the members of the children’s home professional team with whom you cooperate? Supplementary question: How often do you have contact with these children’s home workers?
3. How does your immediate environment, such as family and relatives, perceive your work? Supplementary question: How does the wider environment react to the work you do? (neighbors, people in the village, city, in individual institutions)
4. How do you perceive your working conditions? Supplementary question: If you had the opportunity, what changes would you make in your work?
5. Do you cooperate or have you cooperated with the biological family of the children entrusted to you? Supplementary question: How do you experience visits by children in biological families?
6. Tell us about your experience with applicants for alternative family care? Supplementary question: What is easier for you, cooperation with biological family or with applicants for substitute family care?
7. What change do children in care go through while staying in a professional family? Supplementary question: What is a sign of a job well done in your profession?

Interpretation of research results

The research was carried out in the natural environment of professional parents, i.e. in their families in their place of permanent residence, which is also the place where they work. Despite the fact that they were approached in advance and were offered the opportunity to conduct the interview in the building of the Center for Children and Families, none of the participants approached used this option, since when caring for children and also due to the different distances

of their residence, the option in which the interviews were conducted directly in their place of residence suited them best. It is an environment where they feel safe and secure. During the interviews, we asked for the cooperation of a psychologist from the Center for Children and Families, who helped us to ensure a calm atmosphere during the interview, as she worked with minor children. In three cases, we managed without her assistance, as we had agreed to meet at a time when the children were in preschool, or we conducted the interview at a time when the minor children were resting in the afternoon. The educational level of professional parents is at least at the level of secondary education with a high school diploma, communication with these participants was at an apt level, with the exception of one participant, who used exclusively dialect in her speech. Everyone understood the questions and answered them immediately. Sometimes slang words or dialect appeared in the communication. We interviewed all the participants, but we maintained extremely good working relationships with half of them. Communication was exemplary, they were open to conversation. The interview lasted approximately 30 minutes. We recorded the participants’ answers and then transcribed them, we used verbatim transcription, we preserved the dialect using the normal alphabet. For the sake of confidentiality of personal data and maintaining anonymity, we decided to replace the names and surnames with initials. We wrote down the participants’ answers verbatim using agrammatisms, slang, or dialect.

Discussion and evaluation of hypotheses

In the present research, we focused on the current view of professional parents with satisfaction in providing care for children with institutional care. We investigated whether their initial motivation for pursuing this profession also has a significant impact on their current satisfaction with its implementation itself. We also focused on cooperation with the professional team of the Center for Children and Families, whether there are differences in the provision of quality in the Center for Children and Families where the professional team of the Center for Professional Family Support works, or a sim-

ilar team of an ordinary Center. Subsequently, we sought to identify the most common reasons for dissatisfaction of professional parents, which mainly concern labor-legal relations, but also work with biological family. It was equally important for us to find out how professional parents perceive their profession in relation to the children themselves, for whom they provide care, whether they have the opportunity to receive positive reflections from the wider public. The research was carried out in all cases in the family environment of the participants involved, as this option suited them for practical reasons, especially due to the provision of care for minor children. We met with a friendly reception from all participants.

We conducted the interviews in a pleasant atmosphere, without negative expressions or disturbing influences. We also monitored the emotional experiences of the interviewees. They spoke about specific events related to their work, named specific children or situations. The answers were quite extensive. It was very interesting and beneficial to find out how individual events in the lives of these children also affect the professional parents themselves, or even their relatives. We observed strong passion and love in all of them, which they can pass on to these children in this way.

When leaving, one of the professional mothers told us: "There is nothing more beautiful than having the opportunity to give the love you feel inside yourself to those who need it. It is not a job like any other, it is a profession." Another positive finding is that regardless of the number of experts in the professional team of the children's home or the professional team of the Center for Support of Professional Families, cooperation is assessed as very positive and necessary for the participants. Despite the expressed satisfaction of professional parents, we see negatives in the insufficient regulation of labor-legal relations and the currently set working conditions. Insufficient space for work regeneration, low number of vacations despite the fact that children are in their care twenty-four hours a day, seven days a week. Children's homes strive to have professional parents stand in for them during vacations, which is also very burdensome. Dissatisfaction with the

level of wages was also confirmed. In terms of cooperation with the biological family, they generally did not show open dissatisfaction, but they still perceive the possibility of leaving for another form of alternative family care as more beneficial for the children. When working with the biological family, they encounter many negatives that they perceive as threatening to their health and the health of their family. We see the positive in the fact that all these people perceive their work as beneficial for each child. Even a short stay in a family environment is more positive for a child than a stay in a facility, as evidenced by the positive responses of the wider public and the surrounding area. Professional parents reflect on these facts and perceive it as pleasant satisfaction for their work.

Hypothesis No. 1: We assume that professional parents will generally express satisfaction with the care of their children, which is also related to their initial motivation in relation to this profession. This hypothesis was fully confirmed by the interviewed participants, who express their satisfaction with the care of their children, as their initial motivations have developed during their practice, their expectations have been fulfilled, working with children continues to motivate them, and they were not discouraged by problematic experiences with their children.

Hypothesis No. 2: We assume that professional parents will express their dissatisfaction with the lack of professional care in the children's home where the Center for Support of Professional Parents is not established. This assumption of ours was not correct, the hypothesis was not confirmed. We found that even professional parents who work in a children's home in which there is no Center for Support of Professional Parents are provided with the necessary professional assistance and support from individual members of the professional team. Which we perceive as a positive phenomenon and quality performance of the work of individual members of the professional team.

Hypothesis No. 3 We assume that the most frequent reasons for dissatisfaction of professional parents in caring for children entrusted to them are labor-legal relations as well as work with the biological family of these children. This

hypothesis was confirmed for us that the most frequent reasons for dissatisfaction of current professional parents are labor-legal relations. Where our participants pointed out the issue of insufficient fund for workforce regeneration, mutual representation during vacations. Often more than three children are placed with one professional parent. The second cause of their dissatisfaction is also cooperation with the biological family. Here, in particular, insufficient hygiene, inadequate care for children on their part, and general disinterest. The interviewees find this reality difficult to bear.

Hypothesis No. 4 We assume that professional parents generally perceive their profession as a positive benefit for the children they provide care for, as evidenced by positive assessments from the wider public with whom they meet daily. We have found that professional parents perceive their work as beneficial, especially in relation to the child and his overall development. During the care of the child, they observe the transformation he undergoes, how he changes, how he learns and progresses every day. He creates a relationship with the people who take care of him and devote their time and energy to him. All these facts are noticed and positively evaluated by the wider environment, which professional parents are convinced of in everyday life on a walk, at the doctor's office, in schools, in shops and the like. Here they feel support, even admiration, which they also talk about in their statements. All of this is among the facts that ultimately enhance the feeling of satisfaction and a job well done for these professional parents.

From the above answers, we concluded that hypothesis no. 1 was confirmed from the perspective of professional parents who are satisfied with the care provided for their children. Hypothesis no. 2 was not confirmed, as professional parents are satisfied with the professional care provided by professional teams, whether they are part of the Center for Support of Professional Parents or not. Hypotheses no. 3 and no. 4 were confirmed.

Conclusion

We live in an era in which the concept of family is losing its meaning. Every child needs to have their closest relatives with them, such as

their father and mother. They are the people who give our lives the first touches, caresses, words of support and comfort. These people give our lives direction. For many of us, it is a matter of course that we do not even think about, what our parents passed on to us, we give to our children and that is how individual generations function (Ambrozy et al., 2018; Kondrla and Repar, 2017). But how many children are there who are suddenly left in this world without their closest relatives, their world has collapsed. The smallest ones do not even realize it, but they adapt their behavior to what is expected of them, they defend themselves, escape, fear, attack. They use defense mechanisms to survive in this world. This struggle destroys them, tears them apart, they lose their security, they fall into a state of hopelessness and sadness. These hurting souls need love that will help them heal, maybe not completely, but at least partially heal the wounds that life has inflicted on them. Here we see the importance of people who have decided to pursue the profession of a professional parent. The work is so demanding and at the same time so beautiful, very necessary for these often traumatized children. Every child deserves love, caress, acceptance and understanding in the circle of the family, if not their own, then at least in a substitute. From the point of view of institutional substitute care, we perceive a professional family as the best alternative and chance for children, which brings them a quality, full life (compare: Mahrik-Kralik, 2024b).

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