

Care Through Family

a conceptual model of children’s nursing care



<div>Preserving the mother-child pair</div> <div></div>	<div>Guiding principles: The goal is to ensure that the mother’s role in caring for the child continues with as little interruption as possible, with the nurse partnering with the mother to meet additional aspects of care required by the child’s condition. The normal place of care for the child is the home, and the family are their normal carers.</div> <div>Attributes<ul style="list-style-type: none">Preserving the mother-child dyad is of paramount importance, and active steps are taken to prevent or minimise disruption and separation (preserving the mother’s role as the child’s main care provider)Mothers continue to provide practical care (bathing, nappy changes, feeding etc.) as they would at home to the maximum extent that the child’s condition allowsThe home is recognised as the child’s normal place of care, with nurses and mothers working together openly towards the child’s return home as soon as they are ableThe specific developmental needs of infants, babies, children, adolescents and the needs of their parents are recognised and incorporatedWhere possible, home routines are continued in hospital, or new routines are designed with returning home in mindArrangements are made for mothers to have access to ongoing support and relief for example through visits by the extended family and faith communities</div>
<div>Enabling continuous presence</div> <div></div>	<div>Guiding principles: Policies and amenities are directed towards enabling the presence of mothers. Accommodation, space and amenities are organised to enable mothers’ continuous presence.</div> <div>Attributes<ul style="list-style-type: none">Mothers are present with their child at all times, spending most of the day and night with their childPolicy in this setting recognises that the continuous presence of mothers is essential for childrenThe setting includes space for mothers to rest and sleep (e.g. a bed or a chair)Mothers have ready access to the equipment, materials and supplies they need to care for their child and themselves</div>
<div>Belief and trust</div> <div></div>	<div>Guiding principles: Nurses and mothers have innate confidence in mothers’ abilities to learn and to cope, and high expectations about the speed at which they will become competent in new activities</div> <div>Attributes<ul style="list-style-type: none">The continuous presence of mothers in this setting contributes to improved psychological outcomes for the childMost mothers are competent to provide care (with training, if required). Exceptions are rareNurses and mothers have innate confidence in mothers’ abilities to learn and to cope, and high expectations about the speed at which they will become competent in new activitiesMothers have responsibilities in this setting</div>

<div>Psychological support and empathy</div> <div></div>	<div>Guiding principles: Enabling mothers to be physically and psychologically present and equipped to care involves empathetic practical and psychological support and the integration of social and psychological factors alongside physical care</div> <div>Attributes<ul style="list-style-type: none">Mothers are supported to be psychologically present, as well as physically present, in order to provide engaged care for their childNurses are alert to signs that mothers are struggling to engage, and work to draw the mother into being fully presentAuthentic personal relationships between nurses, mothers and children help to minimise emotional disengagement in difficult situationsNurses look after both the mother and child, and show empathetic awareness of the psychological and physical strains that the mother faces</div>
<div>Mothers as a capable resource</div> <div></div>	<div>Guiding principles: Mothers are regarded as a resource within the healthcare system for their children in hospitals and at home by both nurses and mothers.</div> <div>Attributes<ul style="list-style-type: none">There is a place where mothers can socialise and interactMothers are encouraged to form a mutually supportive communityThe transmission of knowledge and support between mothers is a valued activityThe support that mothers can give to one another, drawing on their experiences, is valued by nurses</div>
<div>Sharing knowledge</div> <div></div>	<div>Guiding principles: The transmission of knowledge between nurses and mothers happens through ‘being with’ and ‘being taught’. The process through which mothers become competent to manage the child’s needs outside of hospital is dynamic, and responsive to the mother’s individual situation and progress.</div> <div>Attributes<ul style="list-style-type: none">The continuous presence of the mother is central to the learning processStarting from admission, nurses actively encourage mothers to learn about and provide additional aspects of care, as required by the child’s conditionNurses make use of both formal training sessions and informal, responsive teaching and learning opportunities at the bedside to equip mothers with the knowledge they needNurses work alongside the mother-child pair, demonstrating, explaining, and progressively involving mothers in care to the point where mothers undertake new caring activities under supervision and then independentlyNormalisation of the mother’s role in meeting the child’s altered care needs is achieved through a combination of both planned and opportunistic inputsInformation and knowledge, including professional nursing knowledge, is shared freely with mothers, rather than guarded protectivelyNurses invite mothers to share information about changes in the child’s condition and are responsive to what mothers sayNurses come alongside mothers to provide information and feedback in a way that upholds the mother’s position as the child’s main carer</div>

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