

Original Article

Institutional foster care in the voice of caregivers of children and adolescents living in *Casa Lar*

Acolhimento institucional na voz de cuidadoras de crianças e adolescentes que vivem em Casa Lar

Acogimiento institucional en la voz de cuidadores de niños y adolescentes que viven en *Casa Lar*

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Abstract

Objective: to know the institutional care provided by professional caregivers who work with children and adolescents living in *Casa Lar*. **Method:** qualitative, descriptive and exploratory study, in which 11 professionals who work with children and adolescents sheltered participated. Data collection took place from August to November 2021, from a semi-structured interview, on the Google Meet® Platform. The enunciations were submitted to thematic content analysis. **Results:** professionals working at *Casa Lar* develop a challenging work in institutional care, based on interaction and affective relationship, humanitarian reception, favoring strategies for socialization and personal development, through teamwork, with a view to vulnerabilities, welcoming demands and strengthening bonds. **Conclusion:** when embracing children and adolescents, it is essential that professionals offer care that meets the health demands of these individuals, and that contemplates the singularities present in the process of institutional care. **Descriptors:** Orphanages; Caregivers; Child, Foster; Adolescent; Work

Resumo

Objetivo: conhecer o acolhimento institucional realizado por profissionais cuidadores que atuam com crianças e adolescentes que residem em Casa Lar. **Método:** estudo qualitativo, descritivo e exploratório, no qual participaram 11 profissionais que trabalham com crianças e adolescentes acolhidos. A coleta de dados aconteceu de agosto a novembro de 2021, a partir de entrevista semiestruturada, na Plataforma Google Meet®. As enunciações foram submetidas à análise temática de conteúdo. **Resultados:** os profissionais que

atuam na Casa Lar desenvolvem um trabalho desafiador no acolhimento institucional, pautado na interação e relação afetiva, acolhimento humanitário, favorecimento de estratégias para a socialização e desenvolvimento pessoal, por meio do trabalho em equipe, com vistas às vulnerabilidades, demandas dos acolhidos e fortalecimento de vínculos. **Conclusão:** ao acolher as crianças e adolescentes, é indispensável que os profissionais ofereçam um cuidado que atenda as demandas de saúde desses indivíduos, e que contemple as singularidades presentes no processo de acolhimento institucional.

Descritores: Orfanatos; Cuidadores; Criança Acolhida; Adolescente; Trabalho

Resumen

Objetivo: conocer la acogida institucional realizada por profesionales cuidadores que actúan con niños y adolescentes que residen en *Casa Lar*. **Método:** estudio cualitativo, descriptivo y exploratorio, en el cual participaron 11 profesionales que trabajan con niños y adolescentes acogidos. La recolección de datos tuvo lugar de agosto a noviembre de 2021, a partir de una entrevista semiestructurada, en la Plataforma *Google Meet*®. Las enunciaciones fueron sometidas al análisis temático de contenido. **Resultados:** los profesionales que actúan en la *Casa Lar* desarrollan un trabajo desafiante en la acogida institucional, pautado en la interacción y relación afectiva, acogida humanitaria, favorecimiento de estrategias para la socialización y desarrollo personal, por medio del trabajo en equipo, con vistas a las vulnerabilidades, demandas de los acogidos y fortalecimiento de vínculos. **Conclusión:** al acoger a los niños y adolescentes, es indispensable que los profesionales ofrezcan un cuidado que atienda las demandas de salud de esos individuos, y que contemple las singularidades presentes en el proceso de acogida institucional.

Descriptores: Orfanatos; Cuidadores; Niño Acogido; Adolescente; Trabajo

Introduction

Institutional foster care is a judicial protection measure for children and adolescents. In Brazil, during the eighteenth and nineteenth centuries, there were several institutions that assumed the role of maintainers of the care of this population, who were unable to remain with the family of origin.¹ These services are called *Casa Lar*, provide temporary shelter, in addition to being a protective measure, which aims to promote protection of minors exposed to situations of vulnerability and even reckless, that may compromise their lives.²

The Byelaw of the Child and Adolescent (ECA – *Estatuto da Criança e do Adolescente*) provides for the realization of the fundamental rights of children and adolescents, in order to safeguard their physical, psychological and moral integrity, in order to preserve their image, identity, autonomy, beliefs, values, spaces and ideals. Thus, every child and adolescent has the right to be cared for and educated in the family context and, exceptionally, in a substitute family, being family and community coexistence necessary for their full development.³

In this context, we highlight the role of reception services, since they must perform their functions with a view to protection, reception, establishment of bonds and affective and social

relations, in order to establish family and community coexistence. These values made possible by the host institution act as protective factors in the emotional structuring and construction and consolidation of life projects. It is emphasized that the customs, traditions and uniqueness of each host must be respected in order to consider the different family arrangements, age groups, religion, gender, sexual orientation, race or ethnicity.⁴

Casa Lar welcomes children and adolescents from zero to eighteen years old under protective measure, with a maximum of ten users allowed. The institution must be composed of trained professionals, qualified, trained by the reference technical team. In addition, this form of reception allows the care of groups of brothers, with medium or long duration.⁵ Institutional reception is a reality that has become increasingly common in Brazil and other countries, the need to remove children and adolescents from the family of origin.²

Workers working in foster care institutions must ensure that children and adolescents have their needs met and their rights guaranteed. It is up to these professionals to participate in the process of reception, care and social inclusion, so that minors can understand the situation that led to the removal of the family of origin. From a look at the uniqueness of each shelter, professionals need to provide psychological, physical and educational support that have a positive impact on the adaptation of the shelters.⁶ It is necessary to establish healthy bonds between the shelters and the workers of the *Casa Lar*, so that reliability, care and protection are established, which are essential for development.⁷

The workers of these services, who fulfill the function of shelter, in addition to being trained to provide the well-being of the sheltered, need spaces so that they can be heard, dialogue about their experiences and experiences in the space of care, to argue about the work with children and adolescents away from the family and living in *Casa Lar*, in order to mobilize internal feelings that are part of the professional trajectory with this public. It is necessary that these workers have psycho-emotional support in the face of occupational stress linked to the experiences at *Casa Lar*.⁶

Still, this study is justified by the gap in the scientific environment, since search conducted in 2021 in SciELO using the strategy 'orphanages'[AND] 'child'[OR] 'adolescent' with time cut of the last five years, originated 13 productions, and none of them converged with the proposition presented in this manuscript. The articles retrieved in PubMed with the strategy "orphanages"

[AND] 'Child'[OR] 'Adolescent'; available in full and free, totaled six publications, which converged with the emotional aspects and development of institutionalized children and adolescents.

Given the above, the question is: How is the institutional care provided by professional caregivers who work with children and adolescents living in *Casa Lar*? Therefore, the objective was to know the institutional care provided by professional caregivers who work with children and adolescents living in *Casa Lar*.

Method

This is a qualitative, descriptive and exploratory study. Qualitative studies provide a comprehensive view of situations or problems, based on their meanings.⁸ Descriptive studies aim to know and describe characteristics of a specific group, and exploratory research seeks to understand a given situation or problem.⁹

The scenario chosen for the study was a *Casa Lar* located in the central region of Rio Grande do Sul, Brazil, which served the population of children and adolescents in the special protection regime. The approach to the research site took place in June 2021, through a video call on the Google Meet® Platform, between responsible researcher, interviewer, two research assistants and the direction of *Casa Lar*. In the period of data collection 59 individuals were in work activities.

For the inclusion of participants, it was used as eligibility criteria to be developing activities at *Casa Lar*, for at least five months, and have resources for virtual communication, through the Google Meet® platform. Professionals who were on vacation, sick leave or any type of functional leave in the period were excluded.

From the criteria applied, it was found that 32 professionals could be participants in the study. A simple random draw was made, and the prior invitation was made by telephone. There were six refusals in relation to participation, these being justified by the scarcity of time; by having double working hours in another place; by not feeling prepared to participate in a research with this theme, so the study was composed of 11 professional caregivers.

Data collection took place from August to November 2021, through semi-structured interviews, online on the Google Meet® Platform. The interviews took place at pre-scheduled times and chosen by the participants, according to individual availability. During the interview, sociodemographic and labor data were first collected for the characterization of the participants

(gender, function in the *Casa Lar*, age and if working elsewhere). In the sequence, the semi-structured interview was conducted, guided by a script with the following topics: perceptions about the daily work; perceptions about the reception; challenges faced in daily life with the sheltered. From the 9th interview, recurrence was observed in the statements. Thus, two more interviews were conducted in order to confirm the saturation process. Thus, the field stage was interrupted in the 11th interview, because there were sufficient findings to respond the study objective and represent the collective, characterizing the saturation of the data. There was saturation from the moment that the information became recurrent, and there were no new insertions on the phenomenon studied in depth.¹⁰

The interviews lasted approximately 40 minutes, with 517 minutes of recording. For data processing, only the audios of the interviews were used, which were fully transcribed in a document in the Microsoft Word Program. A pair of research assistants, trained for this activity, operationalized the transcription. Subsequently, simultaneous reading and listening of each interview and transcription was performed in order to verify material density.

The process of analysis of narratives from the production of data was through the analysis of thematic content.¹¹ The organization of thematic analysis is subdivided into three stages: pre-analysis, exploration of the material and treatment of the results obtained and interpretation.

The first stage was performed after the transcriptions of the interviews and from the definition of provisional hypotheses about the object studied. The floating reading was developed to select relevant material to answer the research, followed by a comprehensive reading of textual apprehension. In the second stage, the units of records with greater thematic recurrence were pre-selected. In order to follow the methodological process, the chromatic technique was used, from the assignment of different colors for sections referring to each unit of record (UR).

The process of description of the pre-established units of record was developed through expressions, phrases or words with greater recurrence, then the clipping of these fragments of each separated into a file in the Microsoft Word Program: and organized by semantic affinity. There was the stoning of the units of record that allowed the classification of the material, for deep analysis allowing the classification by categorization of the data, for precise description of the content expressed in the transcripts. In the third stage, the treatment of the results occurred, in this stage the researchers performed the interpretations and inferences that led to the conclusions from the interpretation of the data, as well as the discussion.¹¹

The research followed the ethical recommendations of Resolutions 466/2012 and 510/2016, of the National Health Council. It obtained approval by the Research Ethics Committee of the Federal University of Santa Maria under Opinion n. 4,594,243, issued on March 16, 2021. The participants signed the Informed Consent Form. In order to keep their identities confidential, their names were replaced by the letter P (referring to the participant), accompanied by sequential ordinal number (P1, P2, P3...P11).

Results

Eleven professionals who developed work activities in the care and care of children and adolescents in *Casa Lar* participated in this study, all female. As for the function performed, five social educators, a nurse, a nursing technician, two social educator assistants, a pedagogue and a social worker responsible for the general coordination of the *Lar* were highlighted. In relation to the age group, six reported being between 51 and 60 years; three aged between 31 and 40 years; and two aged between 41 and 50 years.

Regarding the schooling of the participants, six had completed high school; four, complete higher education; and one, complete high school and technical training (Occupational Safety Technician). All 11 participants declared to perform their work functions only in that *Lar* (without other employment ties).

From the analysis, emerged the thematic category entitled: "The foster care of children and adolescents in *Casa Lar*" with the subcategories "Foster care in *Casa Lar* from the perspective of professionals" and "Trajectory of children and adolescents sheltered". Figure 1 clarifies the thematic category and its subcategories, as well as the units of registration.

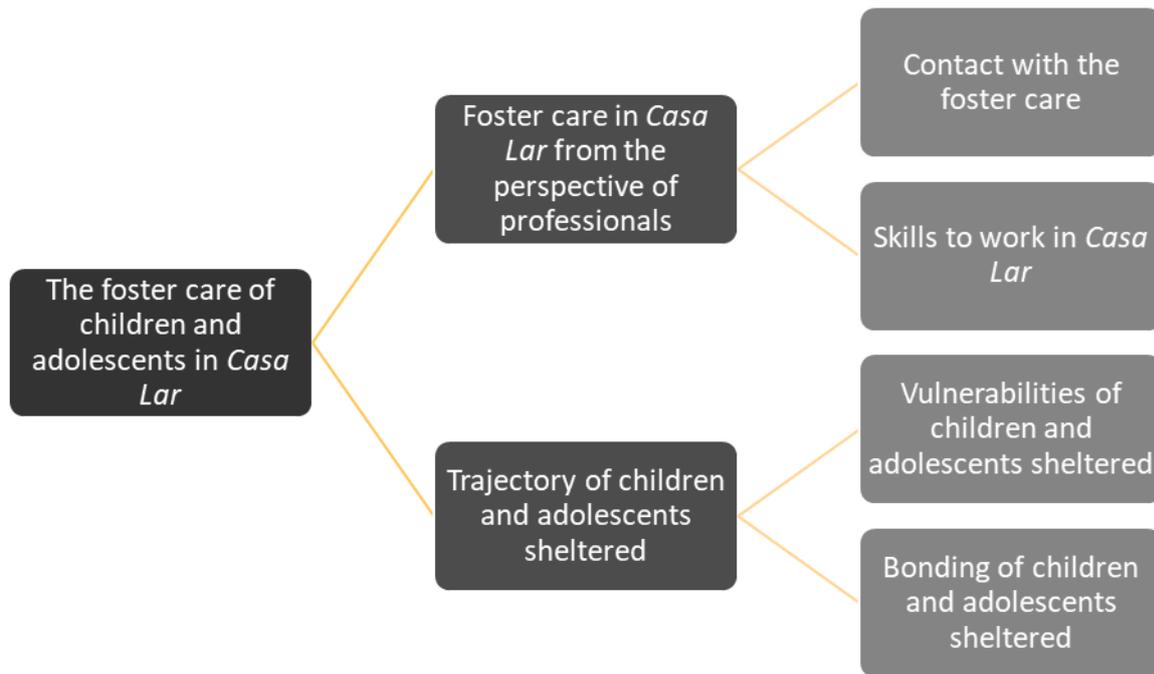


Figure 1- Thematic category, subcategories and registration units. Santa Maria, RS, Brazil, 2022.

The foster care of children and adolescents in *Casa Lar*

This category highlights the beginning of the work of professionals with children and adolescents in the institution, as well as the vulnerabilities of shelters, the importance of professionals for the provision of care to children and adolescents, and also the bonds established in the *Casa Lar*.

Foster care in *Casa Lar* from the perspective of professionals

This category highlights the beginning of the work of professionals with children and adolescents in the institution, as well as the vulnerabilities of shelters, the importance of professionals for the provision of care to children and adolescents, and also the bonds established in the *Casa Lar*.

The first contact of the professionals with *Casa Lar* occurred, in some cases, in a context in which their first intention was not, at first, to act in the service. They were inserted in the context of institutional care due to the fact that they did not get a job in their preferred areas; some reported that, at that time, they knew little about this work.

The work at the Lar was almost by chance. I didn't know what Lar was like and I believe that many people also didn't know before they arrived here. And then it started little by little. (P1)

As if I fell from a parachute! I didn't know anything about adolescence, about

foster care. (P2)

I entered the Lar knowing nothing. (P3)

I'm working at Lar because I couldn't get anything else in my field. (P6)

For professionals, *Casa Lar* is a space of listening, care and shelter that aims to rebuild projects for life. Thus, it allows the professional to demonstrate their affective interaction and their concern, establishing stable and receptive contact, enabling the reduction of the development of inhibited attachment and disorganized behavior of children and adolescents.

We are here to help. We are here willing to walk with them as long as they are in the Casa Lar. For me, this is foster care. (P5)

Welcoming is snuggling, calming down, embracing. Institutional foster care for children and adolescents is just that. Because it has been receiving neglected children and adolescents. Hosting must be temporary, because it is nobody's family. It doesn't put itself on paper. It's for a period, transitory. It's temporary and transitory. This is the foster care issue. (P7)

It is when a child arrives at the institution and we prepare them, in a way that "brings" them to us. Go, talk to the child, calm the child down, then put them in the bath and we start to interact with that child or adolescent. That's what foster care is to me. (P9)

I understand how I welcome all the attention, all the affection, all the love that we need where we are. Respect, our respect for them and theirs for us. (P10)

It is emphasized in the narrative of one of the professionals, the sense of this humanitarian welcome when dealing with an audience that, not infrequently, is in a situation of lack and reaches the *Lar*, sometimes with great embarrassment.

I understand that we are there to provide a very human foster care, very human, because when the child arrives, it is already the last stage. They've been through the family that didn't work out, through the street. When the Tutelary Council brings them [children and adolescents] they are somewhat humiliated by the situation itself. So it's up to us to do the human part. (P8)

The findings show that work activities in the *Lar* require, in addition to technical skills, affective and emotional skills, which should be based on humanization, empathy and resolution of everyday situations of reception of children and adolescents.

In order for care to occur at *Casa Lar*, the importance of teamwork stands out. In their testimonies, the caregivers reinforced on the exchanges of knowledge and experiences among themselves, as well as the support of the collective in the work:

Here everyone knows a little and passes on [knowledge]. New educators arrive and we pass on a little of our experience. So we're going to form a team. No one works alone here, we are a team. So, we instruct each other, we share with each other, so we acquire experience. (P2)

In fact, I was groomed by my peers. Until then, I had no knowledge about foster care. Working at Lar was a challenge for me, it was a new challenge. (P5)

There are colleagues who have been in the Lar for a long time. I try to guide myself with them. I try to talk to them to see what we can do to improve our

work. (P7)

We speak one language! What one said, is said. What one said, no one takes away the authority of the other. We listen to each other to maintain a pleasant atmosphere. (P8)

Work at *Casa Lar* consolidates daily. It is observed the development of indispensable skills related to communication, affective exchanges and emotional skills. Learning in different situations occurs through the sharing of experiences of professionals, which ensures the same conduct in similar situations.

Trajectory of children and adolescents sheltered

The participants demonstrate understanding about the life trajectory of the welcomed. The history of institutionalization is marked by vulnerability, many children and adolescents experienced poverty in an environment surrounded by drugs. Some suffered violence, experienced ruptures in family ties and had their social and affective support network weakened.

Children and adolescents victims of violence are welcomed: negligence, physical violence, sexual violence, patrimonial violence and psychological violence. (P9)

There was a guest with a different financial situation. Most come from a situation of poverty. The poverty I speak of is from the minimum wage downwards. (P10)

Most are families that come from a condition of poverty. The poverty of access to health, the poverty of access to school, among other things. (P11)

In the perception of caregivers, *Casa Lar* provides children and adolescents with living conditions that resemble those experienced by a family, because not only it provides socialization, but also it provides essential means for personal development.

They have food, clothes, treatment with a psychologist, they have doctors, they have everything there! So they have conditions to grow, if they want, because it depends a lot on them too. (P8)

There we have to do all this part, integration, participate in all this part until they start to become aware that it is a shelter, where there are other children with other difficulties. So it's an integration of them. We have to go every day, building one step at a time. (P10)

However, the temporary nature of the stay of these children and adolescents and the importance of using the opportunities and resources offered, highlighted in one of the participants' statements.

The foster institution must be something transitory. It is good for that moment that the child or teenager is in, but it cannot be a comfort zone, it has to fulfill its role for that specific situation, because they end up accommodating over time. (P1)

The testimonies show that the reception of children and adolescents is temporary, and that they need to be aware of this condition and seek their autonomy, dedicate themselves and engage in the proposed activities, since when they reach adulthood they will be disconnected. And from then on, they will have to live far away from the *Lar*.

Regarding the bonds and feelings involved in the reception, affective relationships are related to the work in these institutions. Due to the traumatic experiences experienced by the shelters, it is common for professionals to get involved with their life stories.

He didn't want to be transferred because he was very attached to us, the educators. He cried a lot and he told me: "Auntie, this is my home, you are my mothers". So that there was something that I cried with him, that you see a side of yourself, an empathy that sometimes you think doesn't even exist. (P1)

We see a lot here. You see their frustrations, fits of rage, but also a lot of love, affection on their part. (P3)

You come across children who arrive here and the father doesn't want to know anymore, the mother doesn't want to know anymore. They are abandoned. This is very sad! There are many feelings here. (P4)

In the course of their actions, the professionals develop conditions of attachment for the shelters, when they emphasize the feelings associated with working with children and adolescents in foster care.

In my view, they need love. Love, affection, hug, mother's lap. I can offer this lap to them. (P6)

My feeling is of great concern, because it is a moment in life [childhood and adolescence] that will never come back. Being a child, being a teenager is a unique moment. (P7)

As soon as I arrived at the institution, it was very exciting. On the first day, I went there to do a training session in the morning with my colleagues and I left there crying, because we know they are needy and need our support. (P9)

The testimonies praise the role of these workers, since they are key parts in the lives of children and adolescents who had their realities changed by living in an institutional environment. There is also the presence of the bond associated with feelings of attachment, affection and friendship, factors that contribute to the care within the *Lar* environment.

We have that attachment to them. They are always close to us, they always have to be helping and it's great to be working here. (P5)

It's part of the family. When a child or teenager goes to a foster family, we feel a lot, because it seems that something is being taken away from us. It's the same as a son. (P7)

We often pose as a friend, as a mother who can count on and I think they understand. I say one word that sums it up: family. Love, respect, family! (P9)

And sometimes even at home you are thinking about that child, that teenager, so it becomes part of our lives too. (P10)

The consolidation of strong affective bonds, at times, due to the situation of lack of shelters, the professional experiences episodes that begin to supply the absence of a family member.

We need to offer a mother's love, they want a little mother. (P1)
He put his head in my lap and said: Auntie, pretend I'm your son! And he said like this: Aunt, just a minute as my mom. And it was something that marked a lot in my life. (P3)

Despite the affective bond present through care actions, institutional care is not intended to replace the family, but to collaborate with the strengthening of social bonds to favor the process of family reintegration.

It is noticeable that the caregiver influences positively in the life of the shelters, whether in aspects of affective, cognitive, emotional and/ or social order. In order to assist in the process of building your personality. Thus, the educator has the task of facilitating the development of the identity of institutionalized children and adolescents.

Discussion

From the findings of this study, it is observed that the initial process of working at *Casa Lar* is permeated by numerous challenges, inexperience and lack of knowledge about the reality experienced by children and adolescents. This is often evidenced by the unpreparedness of the admitted professionals and the lack of formal training.

The training in admission is an important aspect to be analyzed, because the selection process of professionals who intend to act in the context of reception must be careful, in order to ensure the hiring of compatible profiles for the development of functions. Thus, continuing education is an ally in the training of these workers, since the performance of each function in institutional homes requires specific training for the singularities of labor activities carried out with institutionalized children and adolescents.¹²

It is essential that, after the beginning of work at *Casa Lar*, professionals have the understanding of what is welcome and how it is performed. The work activities developed in a *Casa Lar* can be challenging, while they are directly related to the previous life story of each child and adolescent, in which situations of violence, sadness and abandonment are recurrent. In addition, the daily life of these professionals presents precariousness of working conditions, given

the need for training, lack of renewal of technical staff, which lead to impacts on actions for the development of care for shelters.¹³

In order to support, guide and inform the guests, the team that makes up the *Casa Lar* professionals is the main source of affection and care. In this way, the importance of maintaining a good relationship between the team, to favor the performance of a service surrounded by respect and commitment, as well as an environment of dialogue, aiming at the resolution of the demands and needs identified. The guarantee of support to the welcome, both in their basic needs and in the understanding of the reasons for their permanence, can have a positive impact.¹⁴

It is notorious that the reception receives children and adolescents in vulnerable condition. The human being becomes vulnerable when, according to concepts shared by the areas of health and social assistance, does not necessarily enjoy the damage, but is in fact susceptible to the disadvantages for social mobility, being unable to reach higher levels of quality of life in society, mainly due to their fragile citizenship.¹⁵

From the understanding of the history of life of the shelters, professionals should have a directed look at the demands of each child and adolescent, in order to offer a quality monitoring. Living in a shelter is an adverse experience that generates stress and can have a negative impact on health.¹⁶ Although vulnerability is considered a factor present to a greater degree in poor populations, the economic issue is relevant, but not determinant. The guarantee of social protection rights of children and adolescents is exercised in order to be able to associate vulnerability to precariousness, leading to the possibility of institutionalization.¹⁵

The population of children and adolescents living in shelters are often neglected, and experience a history of vulnerability and suffering, look at the state of physical and mental health of this population is essential, because they are highly prone to psychosocial suffering and physical illness. In addition, these children and adolescents may present behavioral, psychological and social problems over time. Therefore, attention, care, prevention and intervention when necessary, are fundamental to their full development.¹⁷

From the narratives of the participants of this study, it is noticed that institutionalized children and adolescents often show problems of social and behavioral level, difficulties in emotional control and adaptation. This is due to the fact that exposure to traumatic situations, such as abuse and neglect during childhood, has repercussions on their long-term development,

with projection even in adulthood, making children vulnerable to the risk of mental illness. Thus, children and adolescents living in shelters will probably need psychiatric assistance, psychological counseling and psychotherapies.¹⁸

When the interviewees mention that children and adolescents ‘have everything’; they refer to the opportunities for personal development and growth offered in the *Lar*. Therefore, educators play a role in the mediation of actions, activities, tasks, duties and, especially, education, awareness and moral formation of the welcomed, being clear to mention that they need to ‘participate in all this part’.

However, it is essential to consider that the intimate reception does not meet structural needs, because it is a temporary space that does not aim to replace the family nucleus. A literature review study highlighted that, although institutional care is essential in contexts of vulnerabilities and risks, it is complex to consider its potential to transform the life of the institutionalized before the weaknesses of other public policies. In post-institutionalization life, young people often tend to face negative stereotypes when trying to enter the world of work, as well as fragile interpersonal relationships that hinder their process of social insertion. In addition to the phonographs of the institution, young people often present low prospects for their future capable of mitigating deep needs that could not be solved by professional care in the institution.¹⁹

Concerning the aspects of links between professionals and shelters, this study showed that the freedom and autonomy of children and adolescents living in foster care differs from those who grow and develop in the family environment of origin. Institutionalized children and adolescents are at a much higher risk of mental and behavioral problems, up to seven times more, when compared to non-institutionalized children and adolescents.²⁰

The effect of childhood experiences on human development is a central issue in development science. Thus, children and adolescents who grow up in institutions similar to orphanages, are induced to various types of deprivation, both in the sense of family coexistence and in the common socialization in childhood and adolescence.²¹ Thus, relationships between the sheltered and their caregivers directly influence the affective and social development of individuals, since it is in the primordial phases that the human being develops his personality.²²

In this sense, the affective bond is a means of subsistence and maintenance of an environment suitable for the healthy development of children and adolescents. Such affective proximity has the perspective of seeking security and support, providing the functional capacity of

the personality of the subject. The way their affective and environmental demands are met, and how they are internalized, can influence the development and ability to form a bond.²³

The findings show that *Casa Lar* is a space where there is the formation of bonds between children, adolescents and educators, occurring in this aspect, strong correlation of attachment relative to the standard of maternal care. The construction of the bond is fostered from emotional manifestations that arise during the affective relationships experienced between caregivers and shelters.²⁴ Workers change the way of understanding and dealing with each other, their daily experience makes them develop skills beyond technical tasks, such as patience, compassion and love.²⁵

The affective bond between caregivers and sheltered causes the feeling that the host institution goes beyond a workplace, being an extension of their own homes. The affective association with the family context is present in this service, causing situations in which the professional goes through supplying the need for a family representation.²⁶ Actions carried out with children and adolescents living in *Casa Lar* aim to provide a gregarious, affectionate environment, able to develop the shelters. The *Lar* represents for the child and the adolescent a familiar environment, of exchange, of affection, of learning, in which it seeks to respect the subjectivity of each individual and their potentialities.²⁷

Considering that working with children and adolescents in foster care is something complex, which requires attention, care, knowledge, availability, it is also up to professionals to pay special attention to their limits and potential. Thus, work in host institutions requires the definition of clear limits and rules for users to guide their attitudes, while they also lack understanding and affection.²⁷

A study conducted with professionals from a foster home showed that educators who worked in these places understood that the impacts of institutionalization could be minimized through the construction of affective bonds and the care that was offered to the host.²⁸ Beyond of that, the reception space must be presented as a safe place for the shelters to build, together with their caregivers, the development of their individuality, so that they are able to restart, and to develop future projects, recovering, in a way, your space as an individual in society.²⁸

Thus, there is a need to raise awareness among governmental, non-governmental institutions and the State for the development of programs that enable the process of care and care of institutionalized children and adolescents. In addition, investments in the preparation of

responsible caregivers, facing the demand for human resources to work with stress management, coping skills, problem solving and decision making.²⁹

It highlights the role of the educator and caregiver in the development of the shelters, since it is possible to work cognitive, affective and intellectual aspects, which are indispensable to learn how to overcome the mishaps and difficulties that may arise during their trajectory. In addition, when there is identification with the *Lar* professional, the relationship of proximity is observed, in which the bond formed is based on the well-being of the child or adolescent welcomed.³⁰

Given these premises, the narratives of the participants show that there must be in the reception a health care not only centered on specific practices and techniques, but with emphasis on the uniqueness of each child and adolescent, contexts of life prior to institutionalization in *Casa Lar*. And that the work process of professionals who work in the *Lar* requires, in addition to specific and technical training, socioemotional skills that involve human, psychological and emotional skills with children and adolescents welcomed.

Regarding the limitations, the difficulty in communicating with professionals stands out, given the impossibility of face-to-face contact in the period of the COVID-19 pandemic. However, from the use of digital technologies it was possible to develop the research. The contributions of this study to the practice, teaching and nursing care start first from the recognition of the existence of the reception service for children and adolescents, in which nurses and nursing technicians integrate the professional body. The insertion of undergraduate students in this scenario makes it possible to approach the field, as well as the perspective of updating for the team. In addition, the performance of research and extension promote spaces for dialogue and exchange of knowledge that favor the process of reception and care of children and adolescents.

Conclusion

The institutional foster care provided by the professional caregivers who work with children and adolescents living in *Casa Lar* is based on interaction, permeated by affective ties, in the relationship between the professional and the sheltered. The work is developed as a team and aims at the socialization and development of minors, given their trajectory marked by vulnerabilities.

When embracing children and adolescents, it is important that professionals offer care

that meets the health demands of these individuals and that contemplates the singularities present in the institutional reception process. In this perspective, it is necessary to build a specific care that meets the health demands of children and adolescents sheltered, generating support for nursing professionals working in *Casa Lar*. It is pointed out that some form of training is offered to these professionals, so that the reception, care and work activities are based on problem-solving strategies for the demands presented by the hosts.

References

1. Martins JBO, Medeiros BCD. Estabelecimento de vínculos entre cuidadores e crianças no contexto das instituições de acolhimento: um estudo teórico. *Psicol Ciênc Prof*. 2018;38(1):74-87. doi: 10.1590/1982-3703002882017
2. Campos MFM, Santos BMS, Mota CP, Matos PM, Costa M, Carvalho HM. Adolescence and mental health in residential care: portrait of a decade in Portugal. *Psicoperspectivas*. 2022;21(1):175-87. doi: 10.5027/psicoperspectivas-vol21-issue1-fulltext-2286
3. BRASIL. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Brasília, DF: Presidência da República, 1990. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l8069.htm. Acesso em: 27 fev. 2023.
4. Clates DM, Freitas HMB, Ilha S, Zamberlan C, Freitas K, Weiss F. Vivências de adolescentes em uma unidade de acolhimento institucional. *Rev Enferm UFPE On line*. 2017;11(6):2452-58. doi: 10.5205/reuol.10827-96111-1-ED.1106201725
5. Medeiros J. Acolhimento Institucional: o que é e quais as modalidades? Gesuas [Internet]. 2020 [acesso em 2022 ago 20]. Disponível em: <https://www.gesuas.com.br/blog/acolhimento-institucional/>
6. Pagnota RMNF, Prebianchi HB. Estresse e estratégias de enfrentamento em profissionais de abrigos institucionais. *Psicol Ciênc Prof*. 2021;41(N Esp 2):e193180. doi: 10.1590/1982-3703003193180
7. Furtado MP, Magalhães CMC, Júnior da Silva AM, Santos JO. Rede de apoio da criança acolhida: a perspectiva da criança. *Mudanças* [Internet]. 2021 [acesso em 2022 ago 20];29(1):9-20. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-32692021000100002&lng=pt&nrm=iso
8. Minayo MCS. *Pesquisa Social: teoria, método e criatividade*. 18ª ed. Petrópolis: Vozes, 2001.
9. Gil AC. *Como elaborar projetos de pesquisa*. 6ª ed. São Paulo: Atlas; 2017.
10. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias [Internet]. *Rev Pesq Qual*. 2017 [acesso em 2022 dez 21];5(7):1-12. Disponível em: <https://editora.sepq.org.br/rpq/article/view/82>
11. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70, 2016.
12. Ito SI, Azevedo AVS. Educadores sociais em abrigos destinados a crianças e adolescentes: revisão sistemática. *Contextos Clín* [Internet]. 2021 [acesso em 2022 ago 20];14(1):276-393. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-34822021000100014&lng=pt&nrm=iso
13. Penna LHG, Guedes CR, Ribeiro R, Pereira ALF, Ribeiro LV, Carinhonha JI, et al. The professional social educator in the daily life of adolescents of reception unit: an integrative review. *Res Soc Dev*. 2021;10(17):e239101724690. doi: 10.33448/rsd-v10i17.24690

14. Furtado MP, Júnior da Silva AM, Santos JO, Magalhães CMC. Profissionais do acolhimento institucional: a atuação perante a chegada de uma criança. *Mudanças* [Internet]. 2019 [acesso em 2022 ago 16];27(1):11-20. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-32692019000100002&lng=pt&nrm=iso
15. Carmo ME, Guizardi FL. O conceito de vulnerabilidade e seus sentidos para as políticas públicas de saúde e assistência social. *Cad Saúde Pública*. 2018;34(3):e00101417. doi: 10.1590/0102-311X00101417
16. Silveira AC, Leite AJM, Cabral PC, Oliveira AC, Oliveira KA, Lira PIC. Toxic stress, health and nutrition among Brazilian children in shelters. *BMC Pediatr*. 2021;21(1):112. doi: 10.1186/s12887-021-02577-4
17. Mahanta P, Das Thakuria K, Goswami P, Kalita C, Knowler R, Rajbangshi MC, et al. Evaluation of physical and mental health status of orphan children living in orphanages in Sonitpur district of Assam: a cross-sectional study. *BMC Pediatr*. 2022;22(1):722. doi: 10.1186/s12887-022-03785-2
18. Pawliczuk W, Kaźmierczak-Mytkowska A, Srebnicki T, Wolańczyk T. The prevalence of mental disorders among children and youth staying in residential institutions, children's homes - a review of epidemiological studies. *Psychiatr Pol*. 2018;30;52(2):345-53. doi: 10.12740/PP/75738
19. Jacinto PMS, Dazzani MVM. Institutional sheltering and deinstitutionalization: an integrative review in psychology. *Emancipação*. 2020;20:e2016477. doi: 10.5212/Emancipacao.v.20.2016477.026
20. Mohammadzadeh M, Awang H, Ismail S, Kadir Shahar H. Improving emotional health and self-esteem of Malaysian adolescents living in orphanages through Life Skills Education program: a multi-centre randomized control trial. *PLoS One*. 2019;14(12):e0226333. doi: 10.1371/journal.pone.0226333
21. Gunnar MR, Bowen M. What was learned from studying the effects of early institutional deprivation. *Pharmacol Biochem Behav*. 2021;210:173272. doi: 10.1016/j.pbb.2021.173272
22. Medeiros TKR. O vínculo afetivo no abrigo de crianças. *Rev Pretextos* [Internet]. 2020 [acesso em 2022 ago 16];5(9):541-6. Disponível em: <http://periodicos.pucminas.br/index.php/pretextos/article/view/22274>
23. Lemos SCA, Gechele HHL, Andrade JV. Os vínculos afetivos no contexto de acolhimento institucional: um estudo de campo. *Psicol Esc Desenvol*. 2017;33:e3334. doi: 10.1590/0102.3772e3334
24. Gabatz RIB, Schwartz E, Milbrath VM, Borges AR, Bório TC, Saldanha MD. Acolhimento infantil: um olhar para o cuidador/educador. *Enferm Rev* [Internet]. 2018 [acesso em 2022 ago 20];21(3):41-58. Disponível em: <http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/19321>
25. Gabatz RIB, Schwartz E, Milbrath VM. Perspectivas adotadas pelos cuidadores na interação com a criança institucionalizada. *Rev Enferm UFSM*. 2019;9:e18. doi: 10.5902/2179769228411
26. Costa CF, Santos TF, Santos VS, Lima LAG. Entre a instituição e o lar: uma odisséia com educadores. *Pesqui Prát Psicossociais* [Internet]. 2018 [acesso em 2022 out 10];13(1):1-15. Disponível em: http://www.seer.ufsj.edu.br/index.php/revista_ppp/article/view/2838
27. Gonçalves FP, Pretto CR, Alfing CES, Benetti SAW, Rosa MBC, Goi CB, et al. O trabalho em uma instituição de acolhimento à crianças e adolescentes: relato de experiência. *Braz J Health Rev*. 2021;(4):18139-50. doi: 10.34119/bjhrv4n4-288
28. Assunção AIS, Cruz EJS, Cavalcante LIC, Pedrosa JS. Percepções de educadores sobre vínculos afetivos com crianças em acolhimento institucional. *Mudanças*. 2021;29(2):33-41. doi: 10.15603/2176-1019/mud.v29n2p33-41
29. Shafiq F, Haider SI, Ijaz S. Anxiety, depression, stress, and decision-making among orphans and non-orphans in Pakistan. *Psychol Res Behav Manag*. 2020 Mar 30;13:313-8. doi: 10.2147/PRBM.S245154

30. Fonseca PN. O impacto do acolhimento institucional na vida de adolescentes. *Psicopedagogia* [Internet]. 2017 [acesso em 2022 ago 20];34(105):285-96. Disponível em http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0103-84862017000300006&lng=pt&nrm=iso

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