

Evaluation of institutional foster care services for children and adolescents in Recife

Raquel Moura Lins Acioli ¹
Alice Kelly Barreira ²
Maria Luiza Carvalho de Lima ¹
Maria Luiza Lopes Timóteo de Lima ¹
Simone Gonçalves de Assis ³

Abstract *This study aimed to evaluate the structure and process of institutional foster care services for the protection of children and adolescents who are victims of neglect and/or violence in Recife. A semi-structured questionnaire was applied to those responsible for the services. Variables frequency were calculated and the following implementation level classification system adopted: critical, when compliance was less than 40% of the recommended standards; inadequate, 40-59%; acceptable, 60%-89%; adequate and excellent, 90-100%. The qualitative analysis consisted in interviews with one manager from the Judiciary and three managers from the Executive. Of the five philanthropic institutions investigated, two had an excellent standard structure; two were acceptable and one inadequate. Among public institutions, one was considered inadequate and the others acceptable. Regarding the process, one institution was found to be excellent and the others acceptable. The content analysis identified that the greatest challenges to introduction of the measures envisaged in the Child and Adolescent Statute are drug use, family geographical remoteness, lack of integration with other institutions and staff turnover.*

Key words *Shelter, Child, Adolescent, Institutional evaluation*

¹ Centro de Pesquisas Aggeu Magalhães, Fiocruz. Av. Professor Moraes Rego s/n, Cidade Universitária. 50740-465 Recife PE Brasil. raquelmlacioli@hotmail.com

² Departamento de Clínica e Odontologia Preventiva, Universidade Federal de Pernambuco. Recife PE Brasil.

³ Departamento de Estudos sobre Violência e Saúde Jorge Careli, Fiocruz. Rio de Janeiro RJ Brasil.

Introduction

The institutional or family care of children and adolescents in force in Brazil is a protective measure of an exceptional and provisional nature (at most two years), until return to the family of origin is facilitated or, if impossible, a referral to a surrogate family¹ is made, due to abandonment or whose families or caregivers are temporarily unable to exercise their care and protection role.

In the second half of the twentieth century, academic and clinical research reported the negative effects of “institutionalization” of young children². While such results should be analyzed with some caution, this is the widely accepted picture today, especially in developed countries, where a gradual shift to smaller units with fewer children and preferably in a family environment is underway. On the other hand, in Africa, Asia and Eastern Europe the establishment of large institutions usually set by philanthropic groups, in response to extreme poverty and other extremely adverse circumstances³ is a trend.

In Brazil, with the Statute of the Child and Adolescent (ECA)⁴ and with legislation¹, plan and subsequent regulations that update it⁵⁻⁷, we note the construction of new parameters for the institutional care of children and adolescents removed from family life, contributing to the full assurance of the rights of these children and adolescents in situations of vulnerability. The official changes required today by institutional care services include adaptations in terms of both organization and physical structure, seeking a better quality of care⁸.

Thus, the institution must comply with care guidelines assuming a residential character, with personalized care in small facilities and small groups. The institution should provide a healthy development context, material provision and a safe and affective environment^{8,9}. The experience of each boy and girl in the shelter must be very meaningful, a unique opportunity for development¹.

Currently, different types of institutional care services are offered in the country to respond more adequately to the demands of the child and youth population: institutional shelters (services that host up to 20 children and adolescents aged 0-18 years and are staffed with caregivers / educators working fixed daily shifts) and nursing homes (they host at most 10 children and adolescents and are staffed with caregivers / educators residing in the home). Family care services are those provided in cozy foster families, less widespread in Brazil⁶.

According to the ECA, care institutions must act towards: preservation of family ties; integration in a surrogate family, when resources to keep in the family of origin have been exhausted; personalized service in small groups; development of coeducation activities; non-dismemberment of sibling groups; preventing transfer to other entities of sheltered children and adolescents; participation in local community life; gradual preparation for removal from the institution; and participation of community people in the educational process⁴.

Studies show that institutions are not really the best environment for development, because they evidence a large number of children under the responsibility of a single caregiver, a shortage of planned activities and fragile social and affective support networks¹⁰. In addition to these aspects, educators are unprepared to address children and adolescents with a history of material and emotional deprivation and lack of family life, which is a risk factor for long-term living in foster care, since educators should be a key element in promoting development, especially in situations where family members are absent¹¹.

According to a study by Green and Ellis¹² in California, structural and process aspects in services influence the satisfaction of residents and their ability to successfully make the transition into independent life for the 18-year-olds under care, highlighting, with regard to structure, the poor distribution of clothing; and in relation to the process, aspects related to the lack of healthy communication between employees and people under care and the support of employees to the regular physical exercise of residents.

In Brazil, few studies investigate the satisfaction of children and adolescents living in institutional care services, but some authors have indicated that it is necessary to constantly reformulate and evaluate shelters due to several structural and procedural flaws found in Brazilian institutions^{13,14} to help institutions in the promotion of healthy development.

In view of this context, this study aims to evaluate the structure and work process of institutional shelters that host children and adolescents in the city of Recife, in 2014.

Methodological procedures

This quantitative normative evaluation study consists of making a value judgment about an intervention, comparing structure and process with existing criteria and standards. In addition,

it includes a qualitative approach with interviews to those in charge of shelters in order to grasp in greater depth some actions and activities carried out in the facilities' work process.

For the implementation level evaluation, a structured questionnaire was developed according to the parameters of the Technical Organization of Child and Adolescent Care Services (OTSCA)⁶, which are based on the following documents: National Social Welfare Policy, Statute of Children and Adolescents, National Plan for the Promotion, Protection and Advocacy of the Right to Family and Community Life, Basic Operational Standards of the Social Welfare Unified System (SUAS) and the United Nations Draft Guidelines on Employment and Adequate Conditions for the Alternative Care of Children⁶.

The foster care network of Recife, capital of Pernambuco, was the focus of the study because the city has the largest number of care homes in the state. Recife has 13 institutional shelters that provide care to children and adolescents who are abandoned and are victims of abuse or violence, which corresponds to 21.6% of total shelters in Pernambuco¹⁵. This study assessed the structure and process components of 12 child and adolescent foster care institutions, four at state level, three at municipal level and five philanthropic institutions, leaving only a municipal institution out, since it was being restructured at the time of collection.

Regarding the quantitative approach, interviews were previously scheduled and conducted with the coordinator or in-charge of the institution. Data were collected from February to April 2014. The tool devised to be applied to coordinators considered structure-related issues (five questions for human resources and twenty question for infrastructure) and process-related issues (23 questions regarding activities and actions developed by shelter institutions), as shown in Tables 1 and 2.

Data were analyzed with Excel software, which merged all the items of questionnaires. The frequency percentages of each variable were calculated and the following classification was adopted to define the implementation level: critical, when compliance with recommended standards was less than 40%; inadequate, ranging from 40 to 59%; acceptable, ranging from 60% to 89%; and excellent for a 90-100% range. The calculation of the score of the level of implantation of care services was obtained by adding values found for each of its components, calculated proportionally percentage-wise.

A descriptive qualitative study was adopted to analyze the quality of child and adolescent care in foster institutions, in which some practices performed by foster care teams established by the ECA were fundamental in the foster care service: (i) preservation of family ties, exhaustion of all maintenance resources in the family of origin and gradual preparation for removal from the institution; (ii) personalized care, activities of coeducation and participation in local community life; and (iii) establishment of affective bonds between educator / caregiver and the child / adolescent.

Four managers were selected for this stage; one was a representative of the Judiciary, who monitors all the foster homes, two of the Executive of state and municipal foster homes and another representative of the Philanthropic Institutions (GFilantrópica). These professionals were chosen because they were considered key informants with extensive knowledge and experience about the foster system.

Analysis of interviews built on the content analysis method¹⁶, with the following steps: (1) data sorting: all material collected in the interviews and transcribed was used to obtain speech fragments to prepare a summary of interviews; (2) data classification: from the fragments of the selected statements, a thematic axis categorization was prepared to analyze data, identifying convergence, divergence and complementarities; (3) final analysis of results, comparing respondents' statements with current literature based on scientific papers, books, ministerial ordinances, among others, and also with the normative analysis made in this study.

In order to preserve the identity of the interviewed managers, interviews were codified as follows: GJudí, GEsta, GMuni and GFilantrópica. This work is part of a research supported by CNPq and was approved by the Research Ethics Committee of the Aggeu Magalhães / Fiocruz / PE Research Center.

Results

In this study, foster care services evaluated were all considered institutional shelters, and there are no nursing homes and foster families in the city of Recife, which are the other forms of shelter for children and adolescents under current legislation⁶.

In relation to the profile of the existing shelters in Recife, it was observed that eight institu-

tions attended to children and/or adolescents of both genders. Two foster care services had only male adolescents and only two had females. The different shelters cover different age groups: one service only accommodates children from 0 to 3 years old; two host children from 1 to 6 years; six services host children and adolescents (0-18 years, 7-18 years, 3-18 years) and two only adolescents (12-18 years) (Chart 1). These different age groups are normal, since the law recommends hosting groups of siblings⁶.

Two facilities house only children and adolescents with special needs. The other facilities eventually host this group of children and adolescents, but with slight special needs (Chart 1).

Among the shelters visited, eight had the installed capacity of 20 children/adolescents, three had a capacity of up to 15 and one had the capacity to serve 40 children and adolescents with special needs. According to the above rules, institutional shelters must have an installed capacity of up to 20 children and/or adolescents⁶. However, this study evidenced that three state services, one municipal service and one philanthropic facility operated above installed capacity, totaling 5 (41.6%) services (Chart 1).

Among facilities operating above legally recommended capacity are the two units that serve children and adolescents with special needs. These establishments hosted even several adults, since there is rarely a family return or adoption for this population. According to managers, they

often receive instructions to shelter an adolescent, even if the service is already beyond capacity, revealing the need to expand the number of services.

In Chart 2, we can observe that, with respect to human resources, only four of the 12 institutions investigated – two state, one municipal and one philanthropic institution - were unable to comply with all the parameters proposed by the OTSCA⁶. In these establishments, an inadequate level of implantation was observed in the philanthropic institution (40% compliance); the implantation level was acceptable in both state (60%) and municipal (80%) institutions. The weaknesses observed were regarding higher education and full professional experience of the coordinator and the ideal number of caregivers per child/adolescent.

In Chart 2, we observed that, regarding the infrastructure of the five philanthropic institutions investigated, two were excellent, two had acceptable standards and one was inadequate. All state foster institutions facilities had acceptable infrastructure, and, of the three municipal institutions, two had an acceptable level and one was inadequate.

Services met the infrastructure standards in the following aspects: space to accommodate utensils and furniture to store equipment, objects and cleaning products; use of public or community leisure, sports and cultural equipment; and room for technical staff in specific space, sepa-

Chart 1. Care profile, Recife, 2013.

Institutional shelters	Age Group	Gender	Installed Capacity	Number of people received	Type of user received	Nature of institution
I	12-18 years	Male	20	9	Risk situation and street life	Municipal
II	07-18 years	Female	20	10	Risk situation and street life	Municipal
III	02-06 years	Mixed	15	15	Violence and abandonment	Philanthropic
IV	03-18 years	Female	20	11	Violence and abandonment	Philanthropic
V	0-03 years	Mixed	20	18	Violence and abandonment	Philanthropic
VI*	0-10 years	Mixed	15	17	Special needs	Philanthropic
VII	01-06 years	Mixed	15	7	Violence and abandonment	Philanthropic
VIII	12-18 years	Male	20	18	Violence and abandonment	State
IX*	0-18 years	Mixed	40	44	Special needs	State
X	0-18 years	Mixed	20	22	Violence and abandonment	State
XI	0-18 years	Mixed	20	28	Violence and abandonment	State
XII	07-18 years	Mixed	20	29	Violence and abandonment	Municipal

* Above the installed capacity, mainly due to the presence of disabled people, who are little adopted or have little family return. At the time of the visit, several adults had been sheltered.

Chart 2. Institutional structure's compliance with care standards of the city of Recife.

	Philanthropic					State				Municipal		
	1	2	3	4	5	6	7	8	9	10	11	12
Human Resources												
The coordinator has a higher education degree	X		X	X	X	X	X		X	X	X	X
The coordinator has extensive knowledge of the child and adolescent protection network	X		X	X	X	X			X		X	X
2 professionals with a higher level for up to 20 children and adolescents with a workload of 30 hours a week	X	X	X	X	X	X	X	X	X	X	X	X
1 mid-level or specially trained educator / caregiver for up to 10 users per shift	X		X	X	X	X		X	X	X	X	X
1 basic-level or specially trained assistant educator / caregiver for up to 10 users per shift	X	X	X	X	X	X	X	X	X	X	X	X
Subtotal Human Resources (%)	100	40	100	100	100	100	60	60	100	80	100	100
Infrastructure												
Room can accommodate the beds / cribs of users and the safekeeping of personal belongings.	X	X	X	X	X	X	X	X	X	X		X
4 children and teenagers per room or, exceptionally, up to 6 per room	X			X	X	X	X	X	X		X	X
Rooms feature 2.25 m ² of footage for each occupant (if study environment, it becomes 3.25 m ²)	X	X		X	X	X	X	X	X	X	X	
Living room or similar with enough space to accommodate the number of users, 1m ² for each occupant	X	X		X	X	X		X	X		X	X
Dining room / pantry with 1m ² for each occupant, between users and caretakers / educators	X	X		X	X		X		X			X
It has specific space for the study environment, enabling the performance of study / reading activities	X	X			X			X			X	
1 washbasin, 1 toilet and 1 shower for up to 6 children and adolescents	X	X		X		X	X	X	X		X	X
1 washbasin, 1 toilet and 1 shower for staff	X	X		X	X	X	X	X	X	X		X
Kitchen with space to accommodate utensils and furniture to prepare food for the number of users	X	X		X	X	X	X	X	X	X		X
Provides space to accommodate utensils and furniture to store equipment, objects and cleaning products	X	X	X	X	X	X	X	X	X	X	X	X
External area (balcony, yard, garden, etc.) - provides space that facilitates socialization and plays	X	X	X	X	X	X	X	X		X	X	X
Public or community leisure, sports and cultural equipment are used.	X	X	X	X	X	X	X	X	X	X	X	X
Room for technical staff - with sufficient space and furniture for the development of activities	X	X	X	X	X	X	X	X	X	X	X	X
Room for technical staff in a specific space for administrative / technical area, separated from the living area	X	X	X	X	X	X	X	X	X		X	X
Coordination / administrative activities room separated from the children's and teenagers' living area	X	X		X	X		X	X	X		X	X
Has enough space and furniture for the development of administrative activities	X	X	X	X	X	X	X	X	X	X		X
Has an area to store medical records of children and adolescents, in safe and secure conditions.	X	X		X	X	X	X	X				
Has infrastructure that provides accessibility for the care of people with disabilities.				X	X	X					X	
At least one of the bathrooms is adapted for people with disabilities.				X	X	X					X	
1 vehicle for every 20 children or adolescents			X	X	X	X	X	X	X	X	X	X
Subtotal Infrastructure (%)	85	80	40	95	95	85	80	85	75	50	70	75
TOTAL (%)	88	76	52	96	96	88	76	80	80	56	76	80

Source: Authors' own elaboration.

rate from the living area. Other items were covered by almost all the services, such as adequacy of rooms, bathrooms, kitchen, living room, administration, coordination room and external area that facilitates socialization and play. Among items that were not covered in all institutions, the most relevant are those related to accessibility for children and adolescents with disabilities. The facilities were far from meeting the requirements established for the disabled, and it was observed that only four facilities complied with the two standards related to this aspect, with respect to infrastructure and adapted washroom.

Chart 3 shows the evaluation of institutions with regard to the work process. It was observed that nine establishments had an excellent level of implantation and the other three (one philanthropic and two municipal) evidenced an acceptable level. These data deriving from responses of facility managers show an adequate level of implementation in accordance with the standards in force in the country. It was observed that two questions, namely, recruitment and support in the selection of employees, did not apply to the state and municipal foster homes, since these selections are public and not carried out by the institution's staff.

The in-depth interviews with managers allowed us to know more about the available human resources and the complex work process in the institutional shelters of Recife. Respondents' statements contradict, to some extent, the quantitative results shown on human resources in Recife's shelters, which, with the exception of one, classified all institutions as excellent and acceptable.

While facilities met the basic foster care parameters, the qualitative approach revealed that services are unable to comply with some of the objectives recommended by the ECA⁴, essential to influence the final results of foster care. It should be noted that one of the main problems is related to human resources, especially to educators/caregivers, since the establishment of the affective bond with this professional plays a fundamental role in the development of children and adolescents.

There is a great turnover not only of caregivers, but also of other professionals such as psychologists, social worker, coordinator, and this is due to the non-training of professionals, their disinformation about the population that will be served, low wages. Besides being a very demanding job, professionals often do not believe in their work because there is no policy that supports it and gives hope of

changing the setting. Thus, there is evidence of system fragility and vulnerability on all sides ranging from family to policies. (Gjudis)

Managers say that professionals from all shelters in Recife work on shifts, hindering the implementation of a more familiar routine in the lives of children and adolescents.

[...] When we arrived in the state, this shift was already in place, [...] the professionals themselves prefer to work twelve hours and have more time to rest, [...] and today we agree that the routine linkage is better being a day laborer, but we can also create linkage strategies by being an on duty worker, because what matters most in this issue is employee turnover, [...] this hampers linkage, but I think that when "on duty", you have strategies to create this linkage. [...] the great challenge has not been so much the workload, the on duty regime, but rather the understanding and involvement, [...] the very understanding of my role in that place [...] in fact, I want to work here, this relationship is that I want to establish [...] the availability for this involvement, for this professional linkage. (GMunicipal)

In the non-governmental institution, according to the manager, there were no problems regarding human resources and turnover; its professionals work mostly by contract, and a good establishment of bond between educator and the fostered ones is highlighted.

The bond between the caregiver and the girls exists and is very good [...]. Educators, psychologists are paid, but thanks God, it is working fine; we have been with the same psychologist and social worker for four years. The educator has been there for a year, a year and a half. [...] I have a caregiver who is twenty years here in the home. (GFilantropica)

Regarding the preservation of family ties and exhaustion of all maintenance resources in the family of origin and gradual preparation for the removal from the institution, managers say work is underway with the family and with the child/adolescent so that the family bond is preserved, with the purpose of their short stay at the institution. Some difficulties are clear.

In the case of adolescents, there is a high rate of evasion from the shelter due to drugs and the attraction of being in the streets [...] when adolescent and family are drug users, it is much more difficult to establish family ties, because drugs are an impediment to that and there is no policy for both the young person and the family, which hinders keeping the family together. (Gjudis)

We can see that family relationships are quite fragile when there is drug use, so the removal of

Quadro 3. Processo de trabalho dos abrigos de crianças e adolescentes da cidade do Recife.

Activities	Philantropic					State				Municipal		
	1	2	3	4	5	6	7	8	9	10	11	12
Coordinator - develops management activities of the entity	X	X	X	X	X	X	X	X	X	X	X	X
Coordinator – prepares with the technical staff the political-pedagogical project of the service	X	X	X	X	X	X	X	X	X	X		X
Coordinator – organizes the selection and recruitment of personnel and work supervision.	X	X	X	X	X	NA	NA	NA	NA	NA	NA	NA
Coordinator – articulates with the service networks.		X		X	X	X	X	X	X	X	X	X
Coordinator – articulates with the Rights Assurance System.	X		X	X	X	X	X	X	X	X	X	X
Staff – elaborates with the Coordinator the political-pedagogical project of the service.	X	X	X	X	X	X	X	X	X	X	X	X
Staff – provides psychosocial monitoring of users and their respective families.	X	X	X	X	X	X	X	X	X	X	X	X
Staff – provides support in the selection of caregivers/workers	X		X	X	X	NA	NA	NA	NA	NA	NA	NA
Staff – provides training and monitoring of caregivers/educators and other workers	X	X	X		X	X	X	X			X	
Staff – provides support to caregivers and other workers	X	X	X	X	X	X	X	X	X	X	X	X
Staff – refers, discusses and plans jointly with the services and SGD network the required interventions for the follow-up of users and families.			X	X	X	X	X	X	X	X	X	X
Staff – organizes information on children / adolescents and families in individual records.	X	X	X	X	X	X	X	X	X	X	X	X
Staff – elaborates, refers and discusses with the judicial authority and Public Prosecutor's Office the half-yearly reports on the situation of each child and adolescent.	X	X	X	X	X	X	X	X	X	X	X	X
Staff – prepares children / adolescents for removal from the institution and supervises higher education professional.	X	X	X	X	X	X	X	X	X		X	X
Staff – mediates in partnership with educator / caregiver the process of approximation / strengthening / building bond with the family of origin or adoptive family	X	X	X	X	X	X	X	X	X	X	X	X

it continues

this teen from family life is often considered the elimination of a problem.

According to the managers interviewed, we can observe that involvement with drugs and

Chart 3. continuation

Activities	Philanthropic					State				Municipal		
	1	2	3	4	5	6	7	8	9	10	11	12
Educator/caregiver – develops basic care activities on food, hygiene and protection.	X	X	X	X	X	X	X	X	X	X	X	X
Educator/caregiver – organizes the environment (physical space and activities appropriate to the level of development).	X	X	X	X	X	X	X	X	X	X	X	X
Educator/caregiver – helps children / adolescents to deal with life history, self-esteem and identity building.	X	X	X	X	X	X	X	X	X		X	X
Educator/caregiver – organizes individual photographs, in order to preserve their life history.	X		X	X	X	X	X	X	X		X	
Educator/caregiver – follows-up at health services, school and other services required in daily life. When necessary, provides higher education professional support.	X	X	X	X	X	X	X	X	X	X	X	X
Educator/caregiver – prepares children / adolescents for removal from the institution, with the support of a higher education professional.	X	X	X	X	X	X	X	X	X	X	X	X
Educator/caregiver assistant - develops activities to support caregiver functions.	X	X	X	X	X	X	X	X	X	X	X	X
Educator/caregiver assistant – provides home care (organization / cleaning of the environment and food preparation, among others).	X	X	X	X	X	X	X	X	X	X	X	X
Total (%)	91.3	82.6	95.6	95.6	100	100	100	100	95.6	82.6	95.6	84

Source: Authors' own elaboration.

drug trafficking causes the adolescent to be often removed from the municipality of origin because of life-threatening conditions, which further complicates the work of establishing family ties. The distance between the foster home and the municipality of origin of children and adolescents is also seen as one of the main hurdles for a good family reintegration work.

State homes are receiving many children and adolescents from other municipalities. For example, here in Recife, we have attended children and adolescents from municipalities of the Zona da Mata, North, South, Agreste, Sertão, [...] there is a difficulty in this work, which is distance, and then we are having trouble following what the Technical Guidelines instruct and what the National Plan for Family and Community Life also advocate, which

is proximity, caring for that child or that adolescent in its municipality of origin, which is what Article 88 of the Statute recommends, municipalization of care. (GEstadual)

Another problem that impairs family reintegration is the presence of mental disorders.

[...] when they have a mental disorder or some type of disability that impairs the care of their children, or even use drugs or alcohol. [...] the network is very fragile, because the family itself is a victim of the situation, it violated a right shortly, but the State, when I say "State" in a macro sense, it does not provide any condition through the public policy [...]. (GEstadual)

An attempt is made to provide personalized care activities and coeducation activities, but managers report some difficulties:

It has been a great challenge; in fact, I think it is one of the most difficult challenges, which is to integrate the community. The community as it is today still continues with the discourse of support, of solidarity, which is also good, but it is a solidarity with detachment. We have foster homes inserted in territories where the neighborhood does not want to hear about boys [...]. (GMunicipal)

From the viewpoint of the managers Gjudis, GMunicipal and GFilantropica, we can see that one of the main problems to be tackled is the acceptance of these children and adolescents by the neighborhood of the facility, since they are often labeled as being juvenile offenders. This fact even compromises this population's school attendance, which is, in most cases, hampered by a high rejection of school officials and students. However, some activities are available to children and adolescents at universities, the municipality and social organizations such as walks, sports, vocational courses, among others, which requires a better articulation of the manager with the network that provides other services.

Regarding coeducation regime with integration with other institutions, the philanthropic institution manager's states that articulation with other institutions does not occur because people have no information about the places that could make this integration.

Discussion

This study aimed to evaluate the foster care institutions of the city of Recife according to the Technical Guidelines of Foster Services for children and adolescents⁶. Foster care services are part of the high complexity services of the Unified Social Welfare System (SUAS), whether they are public-state or public non-state, and must be based on the assumptions of Statute of the Child and Adolescent⁴, the National Plan for the Promotion, Protection and Advocacy of the Right of Children and Adolescent to Family and Community Life^{5,17}, the National Social Welfare Policy (SUAS) (BRASIL, 2005), SUAS Basic Operational Standard¹⁸ and the United Nations Draft Guidelines on Employment and Adequate Conditions for the Alternative Care of Children¹⁹.

The lack of other forms of institutional care recommended by laws and regulations, such as nursing home and foster family in the city of Recife is serious. Assis et al.²⁰, when carrying out a national survey on children and adolescents in a foster family in Brazil, observed that, of the 2,617

foster care modalities analyzed, 64.2% were institutional shelters and 17.3% were nursing homes. The establishment of the nursing home type is considered more adequate than the institutional shelters because it can house a smaller number of children and adolescents, which provides greater bond and support with the educator/caregiver residing in the home and not working as on-duty staff. The greater cohabitation with the caregiver is more like a family residence²¹.

Among the facilities operating above legally recommended capacity, the two facilities that serve children and adolescents with special needs are included. There were even several adults in these establishments, since there is rarely a family return or adoption for this population, a fact found in other studies in which children and adolescents with some type of disability had a low probability of family reunification and adoption²²⁻²⁵.

The foster family system is even more favorable for the development of children and adolescents, since they are housed in a family, which will be temporarily responsible for their care²⁶. According to Delgado²⁷, the main difficulty of this type of foster care is the lack of qualified families, which often do not comply with the basic schooling requirement. According to the National Survey of Children and Adolescents in Foster Care Services held in 2010, the organization and functioning of the family shelter for children and adolescents in Brazil is still very incipient, although 144 operating services were observed in 17 Brazilian states²⁸, in contrast to countries, preferentially with such foster care type, such as the United States of America. In that country, official data for 2011²⁹ indicate that the percentage of Foster Family Care exceeds 70%. In England, this number is even higher – over 80%³⁰. Other European countries have also sought to ensure that foster family care be the main option³¹.

The profile of existing shelters in Recife is similar to the wide range observed in the country²⁸, highlighting the need to accommodate children of different age groups in the same unit, since the law recommends sheltering groups of siblings⁶.

A total of 91.2% of the shelters in Recife met the legal requirement to have up to 20 children/adolescents per facility, a percentage higher than that found in the country, which is 78.2%^{20,28}. However, it can be observed that, in countries such as Japan, Russia, Moldova, Georgia, Zambia, Guyana and Bangladesh, the number of children and adolescents living in institutional shelters

exceeds 20 per home, and can host up to 150, which are considered as large institutions^{3,21}. A study carried out in Poland found that 83% of the services were in disagreement with the legal requirement of these institutions, with an average number of 49 children in the institutions, instead of the expected maximum of 30 children³².

Of particular concern is the fragility of the Recife institutions for the care of children and adolescents with special needs (33.3%), complying with the two standards related to this aspect, regarding infrastructure and adapted restroom. These facilities would require a greater number of caregivers, since they are children and adolescents who require more time, dedication and qualification of professionals. This is a reality also faced at the national level, with only 15% of adequate services for people with special needs²⁸.

We can observe that 66.7% of the investigated institutions managed to meet the proposed parameters for human resources: the item that addresses the presence of two higher education professionals to serve up to 20 children and adolescents stands out. In Recife, 83.3% of homes met this requirement, outperforming the results obtained in Brazil, with 56.4% of adequate services²⁸. Also with regard to infrastructure, better data are available in Recife than the national average: 75% of Recife's services had the recommended number of children/adolescents per room, which is up to four, while 42% of the national facilities met this requirement; the need to have a mid-level or with specific training educator/caregiver for up to 10 users per shift (83% in Recife and 63.8% nationally)²⁰.

Regarding the analysis of the work process, the rich articulation between questionnaires and qualitative interviews data is pointed out. Human resource issues became more evident in the second approach. Difficulties related to the existing staff and qualification of human resources are evidenced in a study by Cohen³³, in which institutions have a hard time retaining qualified professionals and competent personnel, since work's nature is highly demanding, with little opportunity and career progress, which is one of the main causes of the high turnover rate. Furthermore, limitations related to the work schedule in shifts in the foster care services are recognized nationally, due to the losses arising from a high absence of workers, turnover of employees and a large number of young people for a single caregiver, hindering the establishment of secure bonds³.

Despite these hardships, there is an improvement in the quality of the care in homes,

especially after the implementation of the ECA, with a vision of the need to provide better work conditions and decrease turnover, Siqueira and Dell'Anglio⁸ argue.

The care provided to children and adolescents is a fundamental aspect in the care provided by the foster care institution. Thus, the facility is perceived as a place of protection only if caregivers provide a frontline support of positive and emotional interaction associated with instrumental, background support^{34,35}, observing the importance of horizontal and affective relations with caregivers as promoters of development³⁶. Thus, in the same way as the family, the institution may or may not be represented as a risk factor for development⁹.

A study carried out in Los Angeles evidenced similar findings when evaluating the quality of care for adolescents housed in a group of homes, in which almost all homes meet basic care criteria, but lack quality of care, which is evaluated as regular and poor³³.

Few studies investigate the performance of foster care facilities, so this study struggled to compare foster care services of the facilities investigated in Recife with other studies or foster care manuals of other national or international studies. Standards and norms vary greatly, which hinders such comparisons for foster care quality research, in addition to the different names used, such as *orphanage*, *institution*, *children's home*, *group care facility*, *residential treatment unit*, *foster care*, *kinship care*, *infant care institutions*, *child care institutions*, *short-term therapeutic institutions*, *group homes for independent living*, *foster family* among other^{2,20,21}.

In a review of the research literature on the performance of a group of homes, Curtis et al.³⁷ revealed that only a few studies of efficacy and quality of youth home-type services were reported and that the quality of services was far below the ideal. Assis et al.²⁰ commented that there are a large number of studies that evaluate the development of children and adolescents hosted in their various aspects. However, there is a lack of research in Brazil and in the world regarding studies on the evaluation of shelters with regard to structure and process and quality of services.

Another aspect that emerged in the qualitative approach as a reason that hinders the service offered is drug use. Search for drugs is the main motivator for adolescent evasion, according to a study by Lemos & Meneses³⁸, in addition to the search for freedom, since shelters have several strict rules. The issue of drugs, among other

mental health problems, is of fundamental importance for institutional foster care services. Besides use by the host himself, it is known that 26.6% of the children and adolescents in foster care in the country were due to the use of substances by their caregivers^{28,39,40}.

Family and community reintegration are major challenges for foster care services³⁰. Rodrigues et al.⁴¹ report that adolescents in foster care situation have a higher rate of perception of prejudice than those who were not in this situation.

Conclusions

In summary, in foster care institutions, regarding structure in the five philanthropic institutions, two had an excellent standard, two were acceptable and one was classified as inadequate. All the state institutions had acceptable structures, and of the municipal ones, two were acceptable and one was inadequate. With respect to the process, only one institution had an excellent standard and all others were acceptable, according to foster care standards. However, the evaluation used

refers to basic standards that must exist in a high complexity institution that serves children and adolescents who are victims of violence, abandonment, neglect and the most varied risk situations.

On the other hand, from the analysis of the statement content of the judicial, state, municipal and philanthropic managers, it was possible to observe that the greatest obstacles to the accomplishment of the protective measures set forth by the ECA stem from the use of drugs by adolescents and relatives, geographical remoteness of the family of origin, integration with other institutions and community and, especially, great turnover of professionals, which impairs the establishment of bonds with children and adolescents and, consequently, adequate care for their development.

Therefore, future research is required to investigate factors related to the context of the different foster care formats proposed in Brazilian legislation so that collaboration is developed to formulate a more efficient and effective foster care policy that better meets the needs of this population.

Collaborations

RML Acioli participated in the elaboration of the study, data collection and review and paper writing. AK Barreira and MLC Lima participated in the elaboration of the study and data review and interpretation. MLLT Lima and SG Assis participated in the discussion of the results and critical review of the paper.

References

1. Brasil. Lei nº 12010, de 3 de agosto de 2009. Dispõe sobre adoção. Altera as Leis nº 8.069, de 13 de julho de 1990 – Estatuto da Criança e do Adolescente, 8.560, de 29 de dezembro de 1992; revoga dispositivos da Lei n.º 10.406, de 10 de janeiro de 2002 – Código Civil, e da Consolidação das Leis do Trabalho – CLT, aprovada pelo Decreto-Lei n.º 5.452, de 1.º de maio de 1943; e dá outras providências. *Diário Oficial da União* 2009; 4 ago.
2. Ainsworth F, Thoburn J. An exploration of the differential usage of residential childcare across national boundaries. *Int J Soc Welfare* 2014; 23:16-24.
3. EveryChild. *Scaling down: Reducing, reshaping and improving residential care around the world*. London: EveryChild Publications; 2011.
4. Brasil. Lei nº 8069 de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. *Diário Oficial da União* 1990; 16 jul.
5. Brasil. Ministério do Desenvolvimento Social e Combate à Fome (MDS). *Plano Nacional de Promoção, Proteção e Defesa do Direito de Crianças e Adolescentes à Convivência Familiar e Comunitária*. Brasília: MDS; 2006.
6. Brasil. Conselho Nacional dos Direitos da Criança e do Adolescente (CNDCA). Conselho Nacional de Assistência Social. *Orientações Técnicas: serviços de acolhimento para criança e adolescentes*. Brasília: CNDCA; 2009.
7. Brasil. Ministério do Desenvolvimento Social e Combate à Fome (MDS). Resolução Cnas nº 109, de 11 de novembro de 2009. Tipificação Nacional de Serviços Socioassistenciais. *Diário Oficial da União* 2009; 25 nov.
8. Siqueira AC, Dell’Aglío DD. O impacto da institucionalização na infância e na adolescência: uma revisão de literatura. *Psicologia & Sociedade* 2006; 18(1):71-80.
9. Yunes MAA, Miranda AT, Cuello SES. Um olhar ecológico para os riscos e as oportunidades. In: Koller SH, organizador *Ecologia do desenvolvimento humano: pesquisa e intervenção no Brasil*; São Paulo: Casa do Psicólogo; 2004. p. 197-218.
10. Carvalho AM. Crianças institucionalizadas e desenvolvimento: Possibilidades e desafios. In: Loredó ER, Carvalho AMA, Koller SH, organizadores. *Infância brasileira e contextos de desenvolvimento*. São Paulo, Salvador: Casa do Psicólogo, UFBA; 2002. p. 19-44.
11. Sequeira VC. Resiliência e abrigos. *Boletim-Academia Paulista de Psicologia* 2009; 29(1):65-80.
12. Green RS, Ellis PT. California group home foster care performance: Linking structure and process to outcome. *Evaluation and Program Planning* 2007; 30(3): 307-317.
13. Siqueira AC, Tubino CL, Schwarz C, Dell’Aglío DD. Percepção das figuras parentais na rede de apoio de crianças e adolescentes institucionalizados. *Arquivos Brasileiros de Psicologia* 2009; 61(1):176-190.
14. Mota CP, Matos PM. Adolescência e institucionalização numa perspectiva de vinculação. *Psicologia & Sociedade* 2008; 20(3):367-377.
15. Poder Judiciário de Pernambuco (TJPE). *Mapa situacional dos serviços de acolhimento do Estado de Pernambuco*. [acessado 2013 Jan 10]. Disponível em: <http://www.tjpe.jus.br/index.asp>
16. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 7ª ed. São Paulo, Rio de Janeiro: Hucitec, Abrasco; 2000.
17. Brasil. Ministério do Desenvolvimento Social e Combate à Fome (MDS). *Política Nacional de Assistência Social – PNAS*. Brasília: MDS; 2004.
18. Brasil. Ministério do Desenvolvimento Social e Combate à Fome (MDS). Secretaria Nacional de Assistência Social (SNAS). Sistema Único de Assistência Social (SUAS). *Norma Operacional Básica (NOB-SUAS)*. Brasília: MDS/SNAS/SUAS; 2012.
19. Brasil. *Projeto de diretrizes das Nações Unidas sobre emprego e condições adequadas de cuidados alternativos com crianças*. Brasília: Brasil; 2007.
20. Assis SG, Pinto LW, Avanci JQ. Nationwide Study on children and Adolescent in foster care in Brazil. *Paediatrics Today* 2014; 10(2):135-146.
21. Human Rights Watch (HRW). *Without Dreams: Children in Alternative Care in Japan*. Washington: HRW; 2014.
22. Connell CM, Katz KH, Saunders L, Tebes JK. Leaving foster care—the influence of child and case characteristics on foster care exit rates. *Children and Youth Services Review* 2006; 28(7):780-798.
23. Akin AB. Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review* 2011, 33(6):999-1011.
24. Kahn JM, Schwalbe C. The timing to and risk factors associated with child welfare system recidivism at two decision-making points. *Children and Youth Services Review* 2010, 32(7):1035-1044.
25. Simmel C, Morton C, Cucinotta G. Understanding extended involvement with the child welfare system. *Children and Youth Services Review* 2012; 34(9):1974-1981.
26. Valente J. Acolhimento familiar: validando e atribuindo sentido às leis protetivas. *Serv. soc. Soc* 2012; (111):576-598.
27. Delgado P. O acolhimento familiar em Portugal. Conceitos, práticas e desafios. *Psicologia & Sociedade* 2010; 22(2):336-344.
28. Assis SG, Farias LOP. *Levantamento Nacional de Crianças e Adolescentes em Acolhimento Institucional e Familiar*. São Paulo: Hucitec; 2013.
29. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children. *Youth & Families*. Washington: Children’s Bureau; 2012.
30. United Kingdom Parliament. Standard Note SN/SG/4470 - *Children in Care in England: Statistics*. House of Commons Library. [acessado 2013 jul 23]. Disponível em: <http://www.parliament.uk/briefing-papers/sn04470.pdf>.
31. Eurochild. *Children in alternative care*. National Surveys—2nd Edition January 2010. [acessado 2013 jul 23]. [acessado 2013 jul 10]. Disponível em: http://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/Eurochild_Publication_-_Children_in_Alternative_Care_-_2nd_Edition_January2010.pdf

32. Knuiman S, Rijk CH, Hoksbergen RA, Van Baar AL. 2015. Children without parental care in Poland: Foster care, institutionalization and adoption. *International Social Work* 2015; 58(1):142-152.
33. Cohen NA. Quality of care for youths in group homes. *Child welfare* 1985; 65(5):481-494.
34. Vetor C, Carvalho C. Um olhar sobre o abrigo: a importância dos vínculos em contexto de abrigo. *Revista Semestral da Associação Brasileira de Psicologia Escolar e Educacional* 2008; 12(2):441-449.
35. Marzol RM, Bonafé L, Yunes MAM. As Perspectivas de Crianças e Adolescentes em Situação de Acolhimento Sobre os Cuidadores Protetores. *PSICO* 2012; 43(3):317-324.
36. Morais NA, Koller SH, Raffaelli M. Rede de apoio, eventos estressores e mau ajustamento na vida de crianças e adolescentes em situação de vulnerabilidade social. *Universitas Psychologica* 2012; 11(3):779-791.
37. Curtis PA, Alexander G, Lunghofer LA. A Literature Review Comparing the Outcomes of Residential Group Care and Therapeutic Foster Care. *Child and Adolescent Social Work Journal* 2001; 18(5):377-392.
38. Lemos MS, Meneses HL. A Avaliação da Competência Social: Versão Portuguesa da Forma para Professores do SSRS. *Psicologia: Teoria e Pesquisa* 2002; 18(3):267-274 2002.
39. Cavalcante LIC, Magalhães CMC, Reis DC. Análise Comparativa do Perfil de Crianças em Acolhimento Institucional nos Anos de 2004 e 2009. *Psico* 2014; 45(1):90-99.
40. Ferreira FPM. Crianças e adolescentes em abrigos: uma regionalização para Minas Gerais. *Serv. Soc. Soc.* 2014; 117:142-168.
41. Rodrigues AL, Gava LL, Sarriera JC, Dell'Aglio DD. Percepção de preconceito e autoestima entre adolescentes em contexto familiar e em situação de acolhimento institucional. *Estudos e Pesquisas em Psicologia* 2014; 14(2):389-407.

Article submitted 23/09/2015

Approved 07/05/2016

Final version submitted 09/05/2016