REFACS

Reflection groups with social educators: analysis of work in shelter

Grupos de reflexão com educadoras sociais: análise do trabalho em abrigo

Grupos de reflexión con educadoras sociales: análisis del trabajo en una institución de acogida

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This is a qualitative-exploratory study, carried out in a city in the interior of the state of São Paulo, SP, Brazil, in 2017. It aimed to understand the work process of educators of special social protection in a institutional shelter for children and adolescents. Five meetings were held with eight educators, aged between 25 and 58 years. The tools used were: participant observation; field diaries; audio recordings and transcriptions; and theoretical framework of *Freudian Psychoanalysis*. Bardin content analysis was used and, from the educators' reports, two categories emerged: 1) *Impotence at work*; and 2) *The shelter as an extension of the family*. They were aware of their complaints, but demonstrated a lack of training, adopting defense mechanisms to deal with suffering. The research showed the need for an articulated support network composed of professionals trained to provide comprehensive assistance to children and adolescents in social vulnerability.
Descriptors: Community Health Services; Health Promotion; Social Work.

Este é um estudo exploratório qualitativo, realizado em uma cidade no interior do estado de São Paulo, em 2017, com o objetivo de compreender o processo de trabalho de educadoras da proteção social especial em uma instituição de abrigamento para crianças e adolescentes. Foram realizados cinco encontros com oito educadoras, com idades entre 25 a 58 anos. Os instrumentos utilizados foram: observação participante; diários de campo; audiogravações e transcrições; e referencial teórico da *Psicanálise Freudiana*. Utilizou-se análise de conteúdo de Bardin e, dos relatos das educadoras, emergiram duas categorias: 1) *Impotência no trabalho*; e 2) *O abrigo como extensão da família*. Houve conscientização sobre suas queixas, mas demonstram falta de capacitação, adotando mecanismos de defesa para lidar com o sofrimento. A pesquisa mostrou a necessidade de uma rede de apoio articulada composta por profissionais capacitados para prestar assistência integral a crianças e adolescentes em condições de vulnerabilidade social.
Descritores: Serviços de Saúde Comunitária; Promoção da Saúde; Serviço Social.

Este es un estudio exploratorio cualitativo realizado en una ciudad del interior del estado de São Paulo, SP, Brasil, en 2017, con el objetivo de comprender el proceso de trabajo de educadoras de protección social especial en una institución de acogida para niños y adolescentes. Se celebraron cinco reuniones con ocho educadoras de entre 25 y 58 años. Los instrumentos utilizados fueron: observación participante; diarios de campo, las grabaciones de audio y las transcripciones; y referencia teórica del *Psicoanálisis Freudiano*. Se utilizó el análisis de contenido de Bardin y de los informes de las educadoras surgieron dos categorías: 1) *Impotencia en el trabajo;* y 2) *La institución como extensión de la familia*. Hubo concienciación de sus quejas, pero muestran falta de formación, adoptando mecanismos de defensa para afrontar el sufrimiento. La investigación mostró la necesidad de una red de apoyo articulada, compuesta por profesionales capacitados para brindar asistencia integral a niños y adolescentes en condiciones de vulnerabilidad social.
Descriptores: Servicios de Salud Comunitaria; Promoción de la Salud; Servicio Social.

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INTRODUCTION

It is necessary to contextualize the shelter institution that are part of the *Sistema Único de Assistência Social* - SUAS (Unified Social Assistance System). This is a public system that organizes the Brazilian services of social assistance in a decentralized way, as established by the new *Política Nacional de Assistência Social* (National Social Assistance Policy)[1].

The social assistance practices at SUAS are organized into two types of protection, basic and special; and coordinated by public units: *Centros de Referência da Assistência Social* - CRAS (Social Assistance Reference Centers) and *Centros de Referência Especializados da Assistência Social* - CREAS (Specialized Social Assistance Reference Centers).

Children and adolescents at risk are monitored by the *Proteção Social Especial* (Special Social Protection), a set of services, programs and projects aimed at rebuilding family and community bonds, defending rights, strengthening potential and protecting families and individuals to cope with situations of violation of rights.

For quality assurance, the reception services must work in conjunction with the other services of the social assistance network, thus enabling the insertion of users in other services, programs and actions that are part of SUAS, which are necessary to meet the specific demands of each case, favoring the community and social integration of users.

The CRAS can be requested whenever there is a need for basic social protection actions for children and adolescents assisted in reception services or for their families.

The CREAS is a public unit of specialized services for social assistance with municipal or regional coverage of the special social protection of the SUAS. In these spaces, protection services are offered to individuals and families that are victims of violence, mistreatment and other forms of violation of rights, that is, those considered to be in social vulnerability.

The concept of social vulnerability was proposed along the creation of the *Política Nacional de Assistência Social* - PNAS (National Social Assistance Policy), which is built on a social concept of protection that supposes knowledge of the social risks and vulnerabilities to which the recipients of Social Assistance suffer from. So, the goal of public policies would be to focus on people who present risks and vulnerabilities[1].

Nowadays, the professional tasked with providing daily care for children at risk in institutions for their protection is called a "social educator", even though the term "monitor" and even "foster family"[2] is commonly used for identifying the employee responsible for that activity. It is noted that social assistance professionals, especially educators, are not properly valued in the corporate field. Professionals are not always recognized by their peers with the same value as specialists, like psychologists, social workers or even the judiciary system. In shelters, the social worker, who is the technician responsible for the shelter, often has to divide their working hours into management, working with the team and caring for children and adolescents, which causes a feeling of helplessness regarding the emotional support of their team. "*The conflict between organization of work (with its relations and rules) and subjectivity of the worker generates psychological suffering, as the worker tries to maintain their mental health in the midst of this complexity of relationships*"[3].

The municipality in which this study was carried out is located in the interior of the state of São Paulo. It has a population of 39,781 inhabitants, with a rate of vulnerability to poverty of 13.23%. Its number of households with children between 6.69 and 9.52 years of age and a woman with no basic education as the main provider has increased between 1991 and 2010[4].

Another factor that interferes with this rate is low levels of education and professionalization of teams; which, in turn, are unprepared to work according to the *Tipificação Nacional de Serviços Socioassistenciais* (National Type of Social Assistance Services)[5]. Most times, the permanent education processes of teams are carried out by short-term activities based on isolated interventions. The emphasis is only on transmission of knowledge, and not on the practical experience of these educators that allows the construction of this knowledge.

With the intervention proposal through reflection groups, it is possible to clarify the worries present in the work environment. STherefore, the group movement would provide such an investigation, in addition to processes of learning and protagonism, so that the social educators themselves adopt alternative behaviors , as "*this kind of wish fulfillment, reified by this potency of real figuration that the group finds in its 'elements'*", includes the reverse of a subject's impotence"[6].

Because there were obstacles favoured by the reflection group, disruption of primitive ways of feeling, such as defense mechanisms. Recent empirical studies prove the effectiveness of this psychoeducational intervention in the area of Health, Social Assistance and Education[7]. According to the authors, the operative group articulates itself through the dynamics of the three "D": deposited, depositary and depositor. When a member of the group reveals its own weakness, they can also take a position of depositor, that is, one who, not being able to accept a certain characteristic of themselves (for example, the feeling of helplessness), deposits it in someone who is the depositary.

The group is an important tool in supporting work in different contexts, in the face of positions of subjective, organizational, health and school difficulties. The group is a possibility to work with the team, bringing with it well-designed concepts and techniques, capable of fostering changes.

The aim of every operative group is to mobilize a process of change, which implies the reduction of the basic fears of loss and attack. These fears are easily triggered when the group sets out on its task. The gradual alleviation of these fears strengthens the group and causes an active adaptation to reality, breaking up preserves and stereotypes. This process also implies developing mourning and overcoming resistances that stand in reaction to change[8].

For its privileged aspect of being able to observe interactive communication. "*Communication in the group may occur in different ways, such as through speech, looking, movements/gestures and even silence*"[9].

The group process becomes evident in social assistance institutions, contact with families, children and adolescents, multidisciplinarity of professionals, making group work as a technique often necessary, as "*there is a space for symbolic expression. Symbolization in its broadest meaning is a process of transforming experience into symbolic internal representations*"[10].

This study has its scientific and social relevance, as Psychology is increasingly participative among the guidelines on health promotion and disease prevention, and it fosters the subjects' reflective autonomy, in a transdisciplinary proposal. Thus, this study aims to understand the work process of special social protection educators in a shelter institution for children and adolescents.

METHODS

This was a qualitative exploratory study, carried out in a childcare institution, belonging to the Municipal Secretariat of Social Assistance in a small city. The institution is characterized as highly complex social protection, which is responsible for executing the Municipal Social Assistance Policy in accordance with the SUAS, the PNAS and the *Lei Orgânica de Assistência Social* - LOAS (Organic Social Assistance Law). The choice of the location of data collection was due to convenience of proximity to the place of residence of the main researcher and easy communication with the institution's management, who promptly agreed to collaborate with the research.

The place of data collection was the shelter institution itself, in a spacious room, with all the participants seated around a rectangular table. The doors were always closed during the five meetings, and there was no presence of third parties and no interruptions that could interfere with the confidentiality of what was said. Only the audio of the meetings was recorded.

For data collection, notes in field diaries and audio recordings taken with the aid of a mobile phone with a recorder function were used. The audio content of the speeches was transcribed in full and notes were also taken in a notebook through observation of the male researcher who coordinated the group.

The reflection group (subcategory of operative groups) is characterized by allowing spontaneity, in freely emerging the group's content, with no themes or programming of subjects[11]. The participant observation technique aims to understand the institutional dynamics and the relationship among educators and the care for institutionalized children and adolescents. The researcher collected data coordinating the group, observing people and their behavior in their daily situations, where the contact of the participant as an observer provides more in-depth fieldwork, through the informal observation of daily routines and the experience of situations considered important[12].

The inclusion criteria were: to participate voluntarily, to work as social educators and to have direct contact with the children and adolescents of the shelter institution.

The participants were aware of the notes in the field diaries and transcripts of the audios of the groups carried out and approved the text presented. No script of questions was used for structured interviews. The content that emerged from the reflection groups was through the free association of ideas, as it used the theoretical framework of Freudian Psychoanalysis.

To understand data saturation, we sought to understand the phenomena of the reflection group according to the perspective of the participants in the situation analyzed. Through qualitative research, it is possible to study the intensity of the phenomenon; that is, there was less concern on the aspects repeated and much more on its socio-cultural dimension expressed through beliefs, values, opinions, representations, forms of relationship, symbologies, uses, customs, behaviors and practices, providing recurrence and complementarity of information[13].

For the interpretation, the Bardin Content Analysis[13] was used. It is organized in three phases: pre-analysis, exploration of material and, finally, treatment of results and interpretation. Pre-analysis seeks to organize the material to be studied, the hypotheses and indicators of reasoning[13,14]. Exploration of the material is the broadest phase, "*there may be a need to carry out several readings of the same material*"[15].

On the last stage, interpretation, the raw results were treated in such a way as to be significant, in order to consequently address the interpretations and possible discoveries of the thematic categories.

The procedures used in this research followed Resolution 466/2012 of the National Health Council, regarding ethics regarding research with human beings. The data were stored in a safe place (flash drive) by the researcher himself, who also collected the data, and the content of the speeches of the participants was transcribed in full. The transcribed data was checked with the collected ones, as well as the content analysis categories to preserve the reliability of the data integrity.

The project was submitted to the Human Research Ethics Committee (CEPE) of the Universidade de Franca (UNIFRAN), with the favorable opinion of No. 1,841,500 and CAAE No. 62183416.2.0000.5495.

After the approval of the project, contact with the directors and later with the social educators was initiated, starting the meetings only after the explanation of the Free and Informed Consent Term (ICF). Group meetings took place every two weeks, lasting one hour, between the months of January to March of 2017. For purposes of anonimity, all the proper names used in this study are fictitious.

This study is part of a broader research project, so only a front of intervention that was carried out through the reflection groups will be explained here.

RESULTS

Eight social educators from the institution participated in five meetings. All of them were female, aged 25 to 58 years old, with a high school or undergraduate degree on different majors (such as: Pedagogy, Information Systems and Occupational Therapy). Only one of the educators had not been at the institution since its opening. The institution was in operation for just over a year at the time of the research (2017).

Cross-cutting themes were worked on during the course of the group process, such as: intra-team communication skills, strategies for maintaining mental health, interpersonal relationships in the workplace, career forecasting, feelings of helplessness when dealing with people on social vulnerability; besides, other themes presented by children and adolescents themselves and that the social educators felt unprepared to deal with, such as: violence, sexuality, feelings of abandonment of the nuclear family, the return of users to their families or when they were adopted.

These moments of reflection groups contributed to the health promotion of the educators, as they demonstrate to understand the anxieties present in the work environment, learning and protagonism, so that alternative and more assertive behaviors.

As clinical vignettes, some excerpts from groups in which two themes were chosen will be presented: 1) *Impotence at work*; and 2) *The shelter as an extension of the family*.

Impotence at work

During the first meetings, the themes discussed were the functioning of the shelter, its rules and what vision they had about this work environment:

The function of this house is practically the same, the function itself is the same for all. (Amélia, 32 years old, educator)

- Was there any integration, or did you just come here and start working? (Researcher)

(Laughter from all the educators)

We didn't have any preparation. (Amélia, 32 years old, educator)

- And how do you feel about work, it it easy or are there some difficulties? How is that question? (Researcher)

Yeah... I, I don't know how to answer you, sometimes it's for me... I graduate now at the end of the year as a pedagogue, so sometimes I feel that I don't develop a nice role, it's in my field, even because there isn't, there's no way, we can work with it, but it's as we get some access, we always try, we make groups, you know?! With the kids, there are some who have a little... they don't like it very much, you know, we do some dynamics, some games (Amélia, 32 years old, educator)

- Do you feel powerless at work? (Researcher)

Sometimes it's frustrating, but there are things we can't do, like, I don't know... It's a bond, you know?! There's this moment when everyone is quiet, then one starts acting up, and others too, then a fight starts, it's all at once. And there are times when you can't do anything. (Flávia, 25 years old, occupational therapist)

I don't know, sometimes I feel like I have no motivation. Maybe today it is financial part, before there was joy, today I am tired. We know that they need someone, and it worries me, we know that they need attention, but many times we can't give it to all the children, sometimes a child is bigger, but there is a baby crying, so it's difficult. (Clara, 34 years old, systems analyst)

Sometimes we are more concerned with caring for the home and forget that the children are in development and we need to assist in that development. (Flávia, 25 years old, occupational therapist)

It's difficult. We want to shape the child in our own way, but it's not like that, you know, as I already said to the social worker in the home, each one comes with their own context, their own baggage, so it is difficult for us to try to shape them, and they have very different personalities. (Giovana, 30 years old, high school graduate)

I think that helping to train these children, although some already come with very hard, very heavy baggage and sometimes it is necessary to deconstruct what they have already experienced. It is a little complicated. (Dirce, 28, educator)

Minors are seen by educators as stigmatized, abandoned, suffering children and adolescents, who subsidize fantasy, mobilizing educators for a great expenditure and investment of energy [16], providing material for them to hypothesize a reception beyond what is possible, and thus creating a feeling of helplessness.

The shelter as an extension of the family
- What were the guidelines when you started? (Researcher)
This place must feel like a home! (Dirce, 28, educator)
Just like that, it was the guideline. (Amélia, 32 years old, educator)
We hope that all children and adolescents have what we had, after all. For better or worse I had a different education, different care, so we hope they will have it too. (Dirce, 28, educator)
It hurts, right ?! We are very emotional here, there are things that drive us crazy, because you know, this is different for us, my family is one thing, here it is a different thing, do you understand? (Bia, 58 years old, high school graduate)
- You say like that, what is it that makes you emotional? (Researcher)
I don't know, when the family comes... because we, like in my case, I have a family, my children, so it is very hard for you to see the reality on one side and the other, you know... (Bia, 58 years old, high school graduate)
For me, our work here is like that of a mother, a grandmother, an aunt, a real family. (Dirce, 28, educator)
Because the only thing they could be taking from here into their lives is what they learn here, their foundation is here. (Elaine, 28, educator)

Social educators present feelings regarding the departure of a child, that is, when this child returns to his family home:
First of all, I was concerned about whether the family had really reorganized, but at the same time, I have a sense of relief. (Flávia, 25 years old, occupational therapist)
It was sad, I had become attached to him and it was complicated. Very sad! (Bia, 58 years old, high school)
- And do you share that feeling? (Researcher)
Also when they leave. (Clara, 34 years old, systems analyst)
When a child leaves, because we end up getting used to them, you know, we get attached. (Amélia, 32 years old, educator)
I can still think a lot about the participation of change in children's lives, of giving new meaning to something in these children's lives. (Flávia, 25 years old, occupational therapist)

DISCUSSION

The main guideline for the categories that emerged from this group process was the search to identify difficulties in the praxis of Social Work, in Special Social Protection. It was found that the educators had an idea of protection, and knew the risks and social vulnerabilities to which children and adolescents from the shelter were subject.

There is a lack of integration of the institution's values, a precariousness in the organization of functions and roles of the educators, and a feeling of helplessness, due to the lack of clarity regarding the job description. These aspects contribute to an increase in frustration and a decrease in motivation during the work performance, as shown in a study that "*the adverse situation for Social Policies and for social workers causes suffering and frustration, as it is not possible to implement the citizenship rights of users* "[17].

Social educators desire and strive to provide the maximum of their work, always believing that they fail in their activity. Thus, surrogate symptoms emerged from an unsuccesful drive satisfaction[16]. In research[18], it is stated that:

> "*social technicians, psychologists, understand that their performance must be directed to articulate a support network, in which they are included, characterized by both groups as sources of emotional support, with the potential to strengthen well-being and promoters to protect users from stressful events and situations*".

Technicians who work in shelters point to an overload of functions, and the affections and interventions cannot be carried out as they desire[19]. Therefore, the effect of putting oneself in this position can be emotionally draining, as, with users, they are exposed to stressful situations, mainly due to the difficulty of resolving issues that are often not relevant to the field of action.

The shelter institution emerges as a foster family, based on the identification of functions between institutions and those who work in them[20]. The family proposes the first contact with the world, what it means and what it wants; it is the means by which it is possible to understand a child and an adolescent, which goes beyond blood ties. In a survey, adolescents who passed

through shelters defined family those who are part of it, seen as a place of "care", "affection", "creation", "sustenance", "sentimental bonds" and "coexistence", regardless blood ties[21].

The family environment is a place of connection, growth, identification and learning of the world, of experiences. Therefore, it is assumed that the family is the place of love, affection and protection. What creates the bond are "*the memories and experiences they share. Affection is the ingredient that permeates all these experiences* "[22].

According to PNAS[1], the family has a privileged and even irreplaceable space that protects and socializes, and it is up to public social assistance policies to work to rescue this family as a space of protection, acting on their weaknesses to guarantee the right to coexistence family and community[23].

In the mid-1990s, during the economic and political crisis in Brasil, assistance institutions did not yet provide full support to the most vulnerable population. From this decade on, social assistance became a political practice. At the *Nacional da Associação Brasileira de Ensino de Serviço Social* - ABESS (National Convention of the Brazilian Association for the Teaching of Social Work), important social agendas were debated. Poverty was then considered an issue that concerned the State, not just another issue in the orbit of churches' social work; it became a big social issue[24].

In Brazil, social assistance emerged with the work of the Catholic Church; there were entities such as the *Legião da Boa Vontade*, which relied on voluntary work and charity to do good deeds to the poor, at which time they were no longer renegates.

The programs, services and benefits provided for in public policies must be developed in the most vulnerable regions, with the family as the focus of attention. However, when this family presents risks to children and adolescents, State intervention is necessary. In this way, the family loses their parental authority and the child/adolescent is sent to the shelters. And, in the case of this particular institution, it is clear that there was no training for social educators, which enables a feeling of helplessness.

There is a concern for social educators to maintain this family aspect while the user lives in the shelter. And when the previously institutionalized child returns to their home, the employees feel helpless, with difficulty in dealing with the feeling of loss and the eruption of anguish[16]. Identification is a defense mechanism that operates in this type of relationship, it is understood as an old manifestation of an affective relationship[20].

In the operative group, the dynamics of the three "D" are articulated: deposited, depositary and depositor. When a social educator reveals fear of how this returning child will be received, they also assume a position of depositor, that is, this social educator, being unable to admit their feelings of helplessness, deposit it in someone who is the depositary (the child in social vulnerability)[26].

When the shelters return to their family of origin, social educators report feelings of concern and also sadness, arising from an identification process. Thus the configuration of the Self is modulated in the same way as what is postulated as a model[20], in this case, the family position. In excess, this defense mechanism is harmful and prevents the individual from facing their problem[27].

The attitude of social educators is to try to provide a family for this institutionalized child and adolescent, through the bond can influence affective development, either directly or indirectly[28,29].

Thus, "*it is undeniable that the professional responsible for the care is the one who accompanies them, allowing them to talk about themself, through games (in the case of young children), actions and dialogues*"[30].

The educators seek to position themselves as the family of children and adolescents, in an attempt to build emotional bonds that allow care, although this condition is also a source of suffering, as they do not have psychological support to talk about stress when exercising this function.

It is necessary to find ways to overcome the dichotomy between caring and educating[31] still present in the educators' verbalizations. As shown in the research[32] "*it is urgent to problematize professional performance, the construction of care strategies (with the user and for the worker themself), increase the theoretical scope and better understand the points that affect the power of work*".

The group presented opportunities for emotional relief by allowing them to expose their opinions and feelings in the face of daily work, creating a space to link among the participants themselves through dialogue: "*communication and bonding are inseparable, where the former allows sharing with others knowledge of any kind, thus allowing them to have something together*"[33].

This study showed the need of training professionals, as this would contribute to the improvement of professional practice and emotional balance of the entire team of educators in the area of Social Assistance, which can be carried out through an operational group, in which the focus is on the teaching-learning[34]. Through the group device (which may or may not have a therapeutic perspective), it was observed that some educators projected feelings of helplessness in the children because they did not receive support when they first began working at the institution, as this was the first time that these women had performed such a function in this complex context.

The institution did not provide the welcome and continence that the professionals wanted. And it was in this experience of linking a reflective group that they found models to build, within themselves, a new subjectivity[35], involving the role of educator and also of mother. The group activity made it possible to reflect on the training and capacity building resources that helped them deal with this complexity, the strengthening of the bond among the team, and became aware of the culturally naturalized bonds in society for the function of caring for vulnerable children, marginalized by society and when reflecting on their own vulnerabilities, that is, the group offered a therapeutic space.

CONCLUSION

The identification with the family role brings problems for the educators, due to the impossibility of exercising this function, which, from this, brings suffering for a situation in which they are placed. The relationship between educators and users is characterized by a repetition of a family model, through which their vulnerabilities are evident and assistanceism is reproduced, and they confuse their profession with their personal life.

They seek to achieve humanized care in professional practice and develop a feeling of helplessness, as exercising motherhood is not enough to contain the helplessness of children and adolescents in the shelter, adding interest in their own survival and personal fulfillment.

Rights and citizenship are contemporary concepts that imply promoting the skills of individuals and the community to understand, analyze, reflect and become aware of the world around them, interacting, becoming an agent and member of a participative and creative group and, therefore, generating personal and social development.

As a limitation of the study, there is the absence of more effective interventions for in-service training on topics that social educators pointed out as problematic, related to the care of sheltered children and adolescents, such as: adolescence, family relationships, violence, sexuality, STD/AIDS, drug use and addiction, work process and mental health in the workplace.

This study revealed emotional aspects related to the work of social educators, the meanings attributed to the care of the sheltered, and the bond in the activity made possible, through the group experience, the emotional support for the anguish and suffering that emerged.

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