

## Health promotion of children and adolescents in institutional care: challenges and perspectives

A promoção da saúde de crianças e adolescentes em acolhimento institucional: desafios e perspectivas

La promoción de la salud de niños y adolescentes en acogimiento institucional: desafíos y perspectivas

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This is an exploratory qualitative research carried out in 2018 in a city in the Triângulo Mineiro region, in the state of Minas Gerais, Brazil. This study aims to analyze health promotion actions directed at children and adolescents in institutional care. Data collection in the field took place through recorded interviews, with subsequent analysis of thematic content and categorization. Six professionals from five care institutions for children and adolescents participated. Four categories emerged: *Institutions and professionals*; *The health conditions of children and adolescents and the responses offered by the institutions*; *Health promotion actions*; and *Access to the health service network*. The results point out the concern of the institutions with the health care to the sheltered, which is expressed in actions such as medical consultations, exams and vaccination. The need for new alternatives to promote the health of these children and adolescents away from family life is considered.

**Descriptors:** Health promotion; Child advocacy; Child, institutionalized; Social work

Esta é uma pesquisa qualitativa de caráter exploratório realizada em 2018 numa cidade do Triângulo Mineiro, com o objetivo de analisar as ações de promoção da saúde destinadas a crianças e adolescentes em acolhimento institucional. A coleta de dados em campo se deu por entrevistas gravadas, com posterior análise de conteúdo temática e categorização. Participaram seis profissionais de cinco instituições de acolhimento para crianças e adolescentes. Quatro categorias emergiram: *As instituições e as profissionais*; *As condições de saúde das crianças e adolescentes e as respostas oferecidas pelas instituições*; *As ações de promoção da saúde*; e, *O acesso à rede de serviços de saúde*. Os resultados apontam a preocupação das instituições com os cuidados de saúde aos acolhidos, que se expressa em ações como consultas médicas, exames e vacinação. Considera-se a necessidade de novas alternativas de promoção da saúde dessas crianças e adolescentes afastados do convívio familiar.

**Descritores:** Promoção da saúde; Defesa da criança e do adolescente; Criança institucionalizada; Serviço social

Esta es una encuesta cualitativa exploratoria realizada en 2018 en una ciudad del Triângulo Mineiro, Minas Gerais, Brasil, con el objetivo de analizar las acciones de promoción de la salud dirigidas a niños y adolescentes en acogimiento institucional. La recogida de datos se realizó mediante entrevistas grabadas, con el consiguiente análisis del contenido temático y la categorización. Participaron seis profesionales de cinco instituciones de acogimiento de niños y adolescentes. Surgieron cuatro categorías: *Las instituciones y las profesionales*; *Las condiciones de salud de los niños y los adolescentes y las respuestas ofrecidas por las instituciones*; *Las acciones de promoción de la salud*; y *El acceso a la red de servicios de salud*. Los resultados apuntan a la preocupación de las instituciones por los cuidados de la salud de los acogidos, que se expresa en acciones como consultas médicas, exámenes y vacunación. Se considera la necesidad de nuevas alternativas para promover la salud de estos niños y adolescentes apartados de la vida familiar.

**Descritores:** Promoción de la salud; Defensa del niño; Niño institucionalizado; Servicio social

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## INTRODUCTION

In several societies, children and adolescents are at risk of personal and social risk. These children have their rights violated and require protective measures. Throughout history, the ways to face this problem, as well as the model of care for children and youth, have undergone several changes in relation to actions that promote the guarantee of the rights of children and adolescents, resulting from the concern present in the contemporary world context.

Some normative frameworks, such as the Declaration of Human Rights and the Declaration of the Rights of the Child, approved by the UN in 1948 and 1959, respectively, allowed the implementation of a legal instrument with international weight, which fostered movements in several countries in favor of a new child and youth care model. In Brazil, a long trajectory has been covered since the overcoming of the *Doutrina da Situação Irregular* (Doctrine of the Irregular Situation) until the implantation of the *Doutrina da Proteção Integral* (Doctrine of Integral Protection), an approach recommended by the Estatuto da Criança e o Adolescente - ECA<sup>1</sup> (Statute of the Child and Adolescent), approved in 1990.

The Doctrine of the Irregular Situation incorporated hygienist precepts into legal practices, and it was the legal parameter that guided the writing of the Codes of Minors of 1927 and 1979<sup>2</sup>. On the other hand, the laws based on the focus of integral protection represent a victory in the recognition of rights basic and fundamental aspects of children and adolescents, actors who have come to be signified as subjects of rights in a peculiar condition of development.

Therefore, ECA<sup>1</sup> marked the beginning of a new model of care for children and youth in the country. According to ECA<sup>1</sup>, institutional care resources for children and adolescents in situations of personal and social risk, as well as their families, are now configured as protection measures. These measures include temporary and exceptional institutional care, the main task of which is to enable family reintegration, by strengthening the bonds and interaction of children and adolescents with their family, or by placing them in a substitute family.

During institutional care, the fundamental rights of children and adolescents must be guaranteed, including the right to health, which is crucial for their well-being and integral development.

The recognition of health as a universal right and the understanding that in order to guarantee it, it is necessary to encourage the population to make decisions that allow the practice of healthy behaviors contributed to the emphasis currently given to the theme of health promotion. The Ottawa Conference, held by the World Health Organization in 1986, was the benchmark for this understanding<sup>3</sup>. According to the definition of the Ottawa Charter<sup>4</sup>, health promotion is "*the process of enabling people to increase control over, and to improve, their health*".

The development of actions focused on health promotion has the premise of ensuring the availability of goods and services that enable people to live in healthy environments that promote access to information and knowledge about their own health care. In this sense, health promotion involves a set of strategies that must be linked to others to respond to social health needs, in order to produce improvements in living conditions<sup>5</sup>.

It is important that the host institutions develop actions to promote health of children and adolescents under their responsibility. Thus, this study aims to analyze health promotion actions for children and adolescents in institutional care.

## METHOD

This is a qualitative and exploratory research, carried out between May and June of 2018. Data collection was carried out in the field, which allows an approximation with the

object of study, and the creation of knowledge based on the reality present in the field<sup>6</sup>, which scenario was five reception services for children and adolescents in situations of personal and social risk, located in a municipality in the Triângulo Mineiro region in the state of Minas Gerais.

With regard to ethical procedures, it is worth clarifying that the research was approved by the Research Ethics Committee of Universidade Estadual Paulista - UNESP, of the Faculty of Human and Social Sciences, Campus Franca, Brazil, under protocol no. 2,500,449. Previously, a court order was also obtained, whereby the conduct of the research in the host institutions was authorized by the Judge for Children and Youth. The interviews took place after the participants were informed about the research objectives, read and signed the Free and Informed Consent Form. In their testimonies, the professionals who participated in the interviews were identified with the names of flowers, in order to preserve their identities.

In order to carry out the field research, contact was maintained via telephone with the five host institutions for children and adolescents in the municipality under study, in order to schedule the interviews. All institutions had previously been consulted through the request for a legal permit on such a possibility, expressing agreement with their participation in the referred study.

Interviews were conducted with professionals from institutional care services for children and adolescents, using a guiding script with open questions. For the elaboration of the interview script, the following questions were used: *Are actions developed to promote the health of children and adolescents hosted in these establishments?; To what extent is the right to health of these children and adolescents guaranteed?; How does work in the scope of health policy take place in order to enforce the rights of children and adolescents received?*

In addition, data were collected on the professional training of the interviewees on the legal nature and human resources of the institutions and the profile of the clientele served, especially on their health conditions.

The interviews were conducted individually, in an approximate time of 60 minutes, at a place and time defined by the participants, in a reserved space, preserving the confidentiality of the information. The audio of the interview was recorded, with the participants' permission, and later transcribed, in order to respect the professionals' vocabulary and the style of their responses. The content of the oral communication (interview) was elaborated in a text, allowing a return to the information obtained in greater depth.

The material obtained was organized and the treatment and interpretation of the data took place using the thematic content analysis, which unfolds in the following stages: pre-analysis, exploration of the material and the treatment of the results obtained/interpretation<sup>7</sup>, which it allowed to understand the meaning of communication, and its explicit and implicit meanings, in a critical way.

In order to carry out this analysis, an exhaustive reading of the collected material was carried out, initially and the return to the initial questions. When exploring the content of the respondents' responses, categories emerged according to which the material was organized and the interpretation and discussion took place through productions in the thematic area.

## RESULTS

The study was based on four categories: *Institutions and professionals; The health conditions of children and adolescents and the responses offered by the institutions; Health promotion actions; and Access to the health service network.*

### ***Institutions and professionals***

Six professionals participated in five institutions (in one of them, two employees were interviewed). With regard to the training of the interviewees, two are psychologists, two are

pedagogues, one is a sociologist and one is a social worker, of whom four held the position of director/coordination of the technical team. The participants were identified by: *Violet, Rose, Jasmine, Camellia, Daisy* and *Orchid*.

The institutions participating in the research serve children and adolescents to whom the institutional shelter protection measure was applied, due to situations of abuse, neglect, abandonment, among others, that is, *children with violated rights*, as explained by the interviewee *Jasmine*. Three are private institutions and two are public institutions. The children and adolescents served are aged between 0 and 18 years, and each host service has specific criteria and age groups for care, as shown in Table 1.

**Table 1.** Participant institutions. Triângulo Mineiro, 2018.

Institution	Service criteria	Capacity of service	Children under care on the moment of research
<b>Institution 1</b>	Female children, aged between 6 and 12 years	20	06
<b>Institution 2</b>	Male adolescents, aged between 12 and 18 years	14	09
<b>Institution 3</b>	Female adolescents, aged between 12 and 18 years	20	14 adolescents and 1 baby (child of one of the adolescents under care)
<b>Institution 4</b>	Male children, aged between 6 and 12 years	20	09
<b>Institution 5</b>	Children of both genders, aged between 0 and 6 incomplete years	20	29

All institutions had a technical team with an interdisciplinary composition (Social Work and Psychology), and none had a doctor in their professional staff, with one institution having the services of a volunteer doctor and another having a nursing professional. The institutions also had educators - caregivers responsible for the daily care of the sheltered and support staff, such as cook and general services.

### ***The health conditions of children and adolescents and the responses offered by the institutions***

When children and adolescents are welcomed into institutions, they usually are in poor health conditions:

*But they arrive in a very vulnerable state, regarding their health, in everything, but when related to health, very vulnerable.* (Violet)

*Usually the child arrives, they're very thin, with no basic hygiene care.* (Rose)

Regarding the health conditions of the children and adolescents received, the interviewees pointed out the concern to identify such conditions right after the reception. In this sense, the institutions provide an initial health assessment, as shown by the following reports:

*When the child arrives, they undergo all routine tests, blood tests.* (Jasmine)

*As soon as the child arrives, we want to send the child to the health center, to weigh them, to look at their health, for us to start this arrival protocol.* (Rose)

*The first moment, we go to the municipal health system, do a check up of these boys and then, depending on the diseases or not presented, the health difficulties, then we refer them.* (Violeta)

From the initial assessments, resources are sought to meet the needs of each child and adolescent, and public health services were identified as the main resources used by the institutions.

Among the problems identified in relation to the health conditions of the children and youth received, they highlighted mental health and oral health problems:

*There is the issue of mental health that some children already come and are either on some medication or we notice some change in the psychological or neurological issue [...] The issue of very precarious oral health also comes to us.* (Camellia)

*But what we receive most are children who have some psychological issues, with psychiatric disorders [...] there are children who have never been to a dentist. (Jasmine)*

Two institutions mentioned the presence of children with health problems that require specific monitoring and treatment:

*There was a need for tuberculosis medication. (Rose)*

*We have a disabled child here. (Daisy)*

These situations require specific training for the technical team and caregivers to adequately meet the demands presented by the host. In this sense, the institutions recognize and seek to meet this need by providing such training:

*And we have a training from the Health Department, with a pharmacist who comes to us, and the educators are trained too. (Daisy)*

### **Health promotion actions**

In the institutions, in addition to the initial health assessment of the patients, medical consultations, immunization against communicable diseases and services in the mental health area are made possible:

*They will be referred to CRIA, if it is a psychological issue, they will go to CRIA, if it is a dental issue, we do all the specialized monitoring in the area. (Violet)*

*We vaccinate children. (Orchid)*

Health promotion programs were also identified as programs in terms of hygiene, oral health and education for healthy lifestyles:

*There is this part of prevention, health education, especially with hygiene, the issue of oral health. (Camellia)*

Only one interviewee pointed out the institution's concern with carrying out health promotion actions for the families of the fostered child, stating that they (professionals of the technical team):

*They do the proper monitoring and referral also to the families for some medical care that the child does, and then we are calling the family also to be participating. (Rose)*

In another institution, it is recognized the difficulty in meeting the care and health promotion needs of the children received, by stating that:

*We are run over here all the time by health problems, babies mostly[...] we are not always able to offer what a child, any child, needs, especially a child who has the most fragile health. (Orchid)*

### **Access to the health service network**

The Sistema Único de Saúde - SUS (Unified Health System) is the main resource used by institutions to meet the needs of care and health promotion of children and adolescents received. Public health services are used to carry out health assessments and follow-up:

*What we do most is to use the entire integrated network service. (Rose)*

*They also do psychological counseling on the network, in primary care. Some undergo neurological monitoring at the Hospital de Clínicas. (Camellia)*

The interviewed professionals presented different positions regarding access to public health services:

*We have an immediate response. (Daisy)*

*Meanwhile, the children are waiting ... and they can't get care. (Jasmine)*

*There are some cases that take time, which is a difficulty that we have, like any other family. (Rose)*

Two other interviewees consider that there was an improvement in the relationship and access to public health services:

*Today we have a very good relationship [...] we had a difficult time. Not today, we get what we need. (Orchid)*

*At first, when I took over, it was very difficult. Not today, today we managed to maintain a very good partnership. (Violet)*

The main difficulty in accessing public services, according to the interviewees, refers to mental health:

*The biggest difficulty we face when it comes to health is getting a psychologist, it is getting a psychiatrist, because the health services are crowded. (Jasmine)*

The institutions participating in this study also use their own financial resources to meet the needs presented by the children and adolescents received, and volunteers, since public health services are not always able to offer answers to all demands.:

*In the case of medication, the financial resources that we receive from small companies and then we use to buy medicines when they are not available at the host pharmacy. (Rose)*

*We have volunteers, for example, there are medical people who come every Saturday. (Jasmine)*

## **DISCUSSION**

Institutional care for children and adolescents in situations of personal and social risk has been used as a measure to guarantee protection when they need to be removed from their family of origin. Currently, it is prioritized that the reception is exceptional and temporary, and should be offered in institutions that resemble residential environments, with a small number of children and adolescents, in order to offer individualized care and in small groups to promote autonomy of the welcomed<sup>8</sup>.

The participating institutions excel in serving a small number of children and adolescents, since four of them fostered, at the time of the survey, between 6 and 14 children, numbers lower than the service capacity of each service. However, one of the institutions had a high number of patients (29), greater than its capacity for care, which, associated with the profile of the population served (children aged 0 to 6 years old), may compromise the quality of care offered, once that children in that age group, especially babies, have specificities and demands for care specific to this stage of development.

The health conditions of children and adolescents in institutional care situations have a direct influence on the context in which they were inserted in their original environment, as well as on the prolonged institutionalization time<sup>9</sup>, that is, in relation to the health conditions of children and adolescents received, there was a lack of care and neglect to which they were exposed in their original environment. Thus, the situations of neglect, abuse, violence and countless violations to which they were exposed contribute for the children and adolescents welcomed to show weaknesses in the physical and emotional aspects.

Parents or guardians do not always have the skills and competences to provide health care to their children, and may even trigger risk situations and their removal, through institutional care. In this sense, health promotion actions aimed at foster families are important so that they can have access to information and knowledge about their own health care and that of their children, in order to favor health-promoting behaviors. However, only one of the participating institutions reported carrying out actions of this nature, as well as those in which the family is directly involved in the care of the children's health, with a view to promoting the strengthening of their parental capacity.

Mental health issues were also present in the context of childcare services, with the children and adolescents being welcomed generally needing psychological and/or psychiatric monitoring due to the impacts of neglect, violence, deprivation and institutionalization itself. A study<sup>10</sup> pointed to this problem, indicating that 34% of children and youth admitted to institutions had mental health issues. This situation is a major challenge for the host institutions.

During the reception period, children and adolescents must have guaranteed all their fundamental rights, highlighting the right to health, and the participating reception services recognize the obligation to offer health care to those under their responsibility and try to do so through medical consultations, exams, vaccinations and specific follow-ups.

Regarding health promotion actions, institutions are not restricted to practices aimed at solving disease problems, but also those related to behaviors that would improve the population's health level<sup>11</sup>. Thus, health promotion actions must enable the acquisition of knowledge and the development of capacities for health care, prevention and adoption of healthy habits. In this sense, they are pointed out as actions to promote the health of the children and adolescents received: programs to promote hygiene, oral health and education for healthy lifestyles.

The Política Nacional de Atenção Integral à Saúde da Criança (National Policy for Comprehensive Child Health Care), instituted by the Ministry of Health through Ordinance No.

1,130, of August 15, 2015, expresses concern with the promotion of children's health, in addition to recognizing the specificities of health care those in particular and vulnerable situations, such as those in institutional care. This policy also provides for the articulation of intrasectoral and intersectoral strategies for the inclusion of these children in health care networks.

In order to guarantee the right to health of the children and adolescents fostered, it is necessary to articulate the host institutions with the different health services, primarily public services. In addition, voluntary services are also strategies found to meet all health demands presented.

## CONCLUSION

Currently, the perspective of the work of institutions for the care of children and adolescents is based on a routine and individualized care strategies, with an educational and pedagogical character, and a focus on restoring social and family ties. The reception services are spaces of protection and have an important role in assisting the basic needs of the sheltered people, as well as in promoting their quality of life.

The guarantee of the right to health of children and adolescents in institutional care includes, in addition to health care, health promotion actions, which are a great challenge. These are actions that must take into account the various contexts of life of the welcomed, such as the family and institutional environment. In addition, it is necessary to articulate the host institution with services that integrate health policy and other policies aimed at children and youth.

It was found that the participating host institutions recognize the importance of knowing the health conditions of the children and adolescents received and thus being able to offer specific care in relation to the needs of each of them. It is through consultations and examinations, primarily carried out in the public network, that the institutions seek to identify the health conditions of the patients.

Among the problems pointed out in relation to the health conditions of children and adolescents, those arising from situations of neglect present in the environment of origin of the caregivers stand out, which point to the lack of capacities and skills of parents and/or guardians for the health care with children. Thus, it is considered that health promotion actions aimed at families are essential to enable the return of those welcomed to their original environment. However, the data collected reveal that such actions are incipient and are present in only one of the institutions participating in this study.

In addition, the mental health issues of children and adolescents are also present in the context of the research institutions receiving care, constituting a great challenge, in view of the difficulty in accessing services in the field of mental health.

It is also noted that the host institutions develop actions to promote hygiene, oral health and education for healthy lifestyles aimed at the host, aiming at the acquisition of skills and competences for health care.

So that the host institutions can effectively attend to the particularities of children and adolescents away from family life with regard to the quality of care and health promotion, new health promotion alternatives are needed, especially aimed at their families, strengthening the articulation with public health services and other members of the protection network, and expanding the offer of mental health services.

Considering the fact that this study is qualitative, the limitation is the attempt to generalize the data. In turn, the presented local portrait, possibly can be found in other realities, which calls for more studies in the area of health promotion in institutions for the care of children and adolescents.

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**CONTRIBUTIONS**

**Cláudia Helena Julião** was responsible for the conception, data collection and analysis, writing and revision.

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