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CAREGIVERS, CHILDREN AND ADOLESCENTS RECEIVED: EVERYDAY AND SOCIO-ECONOMIC RELATIONS

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ABSTRACT

This manuscript is a bibliographical review involving caregivers, children and adolescents welcomed. The aim of the manuscript is to understand the meaning of the unconscious contents and the daily life of the caregivers of children and adolescents through the analysis of works published in the literature. In addition, the manuscript also aims to identify the importance of the caregiver of children and adolescents, as well as the institutions that dedicate themselves to this activity. According to the results, there is an affective relationship and the bonding between caregiver, child and adolescent. Such factors are important and necessary for the best development of the children and young people involved in the process. Linkages are beyond the institutional sphere, a strategy necessary for the maintenance of a relationship based on equal treatment with regard to the treatment of children and adolescents.

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INTRODUCTION

According to Cuneo (2008), for healthy development, the child the adolescent need attention, affection and and encouragement, which little happens in the host institutions. It is essential to take into account past experiences and life history when we speak of careful for this child. However, the method used by the welcome program guarantees a personalized service. In reality in the intuition, the children and adolescents adjusting to their standard of care, and not the contrary, as it should happen. In this way, the individual needs of children and adolescents for their comfort and encouragement are in second place in compared with this situation. According to Queiroz (2015), children and adolescents who are in situations of social vulnerability such as neglect, sexual, physical, psychological violence, etc., have

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Graduate Program in Health and Development in the Mid-West Region, Federal University of Mato Grosso do Sul, 79070–900, Campo Grande, MS, Brazil the right to be withdrawn from this environment and, in some cases, accepted by the institutions as a protective form. These institutions act as temporary housing for these children and adolescents who have been separated from their families and await the Brazilian judicial decision regarding the substitute family or parental reintegration. The children and adolescents in these welcome institutions are in a new home, with others people, new caregivers, and new routine involved in a strange environment. Children and adolescents when faced with this reality need to be supported and cared for. The reactions to this new moment can be diverse, and the person who will take care of these children and adolescents needs to be prepared to welcome this young person and their reactions.

Welcoming care services

According to Melo (2011), in modern Brazilian Civil Law, the idea of family is related to the love that unites people, be it by blood bond or affectivity. In Brazil, the family organizations

are classified into inbreeding which is formed by persons bound by blood kinship, and also civilians that is constituted by individuals united by the civil and affective kinship. The role of the family is relevant to the healthy development of the child. However, the family relationship may not be satisfactory, being the situations of maltreatment and lack of care more frequent that impede the psychic and social development of the child. For Rocha, Arpini and Savegnago (2015) the family plays an important role in the development of the social relations of the human being and is responsible for the first stages of development of the individual. However, some families do not offer protection to their children and adolescents, not allowing them to live and grow in their family environment. Within this context, welcoming institutions come into play, which are places of care and protection for children and adolescents who are in vulnerability and social abandonment. For authors such as Rodrigues (2016) over the years lacked interest of the population in relation to the situation of the child and the adolescent. There are those who from the point of view of society are judged as deficient, abnormal or delinquent. At that time the situation of irregularity of this child and adolescent was linked to the idea of a destructured and needy family. The situation of these adolescents and children began to annoy the society that felt insecure and worried about assets, which ended up putting pressure on the public power to take action on these children and adolescents. Adolescents and detained children, transited through various intuitions with different values religious, cultural and moral. However, in the 80's, breaking with the logic of the reception practices of these young people, the notion of irregularity began to be questioned. Nongovernmental organizations and social movements emerged that mobilized in the fight for the rights of children and adolescents. This finally led to the creation of the Brazilian statute of the Child and Adolescent (ECA), where society, family and Brazilian state are called together to assume responsibility for guaranteeing the rights of children and adolescents, and should protect them from any situation of vulnerability.

According to the Statute of the Child and Adolescent (ECA), it is the duty of the family, community, society in general and the public power to ensure the rights of children and adolescents in life, health, food, education, sport, leisure, professionalism, culture, dignity, respect, freedom and family and community life. Thus no child and adolescent will be subjected to any form of neglect, discrimination, exploitation, violence, cruelty and oppression. It is the duty of everyone to prevent the occurrence of a threat or violation of their rights by safeguarding them from any inhuman, violent, terrifying, vexatious or embarrassing treatment. Still according to the Statute, the family is considered the most suitable medium for the healthy development of the child and the adolescent (BRASIL, 2009). The child who was separated from the mother in the primitive phase, who suffered deprivation of their care, lives the loss, weaning, anxiety, depression and a feeling of mourning (Winnicott, 2012). It is worth noting that the lack of this maternal care is not only pertinent to the role of the mother, but also to those who devote themselves to the care of this child who is deprived of maternal care at a stage of development where he was not yet capable of reacting matures to this situation of loss this may develop according to some studies, antisocial behavior. This personality disorder amounts to an emotional blockage, ranging from behavior as gluttony and even perversions and psychopaths, and can persist for a

lifetime. The building of bonds between the mother and the baby is established by the voice, look and physical contact, thus such ties provide not only physical but psychic support to the baby. Severe separation or disinterest with the child who is still unable to assimilate produces severe traumatic effects. Thus the parental care received in the first years of life is of vital importance to the child's mental health. However, resilience needs to be considered, that is, regenerative capacity and creative potential in seeking alternative links that can provide them with hospitality, intimacy and trust (ZORNIG; LEVY, 2006). According to Queiroz (2015), children and adolescents in situations of social vulnerability such as neglect, sexual violence, physical and psychological violence and other types of violence are entitled to be withdrawn from this environment and should be taken to the host institutions where they will be protected. These institutions act as temporary or permanent housing for these children and adolescents who have been separated from their families and await the Brazilian judicial decision regarding family reintegration, whether it is a substitute or a parental. For Barros and Pinheiro (2015), children and adolescents who suffer any type of violence have the right to be removed from this environment as a protective measure. Previously to ECAas children and adolescents after being removed from family life were targets of intervention and control of the Brazilian State. So, they were removed from society and segregated and stigmatized in closed public institutions. After 1990 with the creation of the Statute of the Child and the Adolescent (ECA), they became citizens, resulting in a rupture of a vision of exclusion of this population and aiming at integral protection. Currently, the Shelter Programs that are part of the Network of Services of the Brazilian Social Assistance Policy propose that shelters work in small spaces similar to family houses. Such shelters must have the maximum capacity of 20 children and adolescents and that these do not remain in the host institutions for a period of more than two years.

In fact, for Costa and Parrão (2016) as a consequence of the struggle waged to guarantee the rights of children and adolescents, there have been changes in the way they are treated. Thus, it is possible to monitor and guarantee the rights conquered by children and adolescents. Within this context, host institutions must follow the regulations of the Statute of the Child and Adolescent (ECA), establishing the size of appropriate area and not extrapolating the stipulated amount of children and adolescents. Institutions cannot exceed the established time of permanence of children and adolescents. Institutions besides complying with the principles and intentions of rehabilitating these children and adolescents to resume life in society, aiming at the well-being and quality of life, should also favor that they return to the their family of origin by means of work. On the other hand, when possible the institutions have an obligation to refer them to a surrogate family.

It is known that the reception provided by the institutions defines as institutional care the assistance to children and adolescents who have had their rights violated and who need to be temporarily removed from family coexistence (ADRIÃO, 2013, p.11). Regarding the qualification of caregivers of children and adolescents it is essential to think about their roles and importance in the host institutions. The institution must be a space for coexistence and must act in accordance with the guidelines of the Brazilian Child and Adolescent Statute, and must use the technical and professional resources to ensure

that children and adolescents receive health, adequate food, education, coexistence family, culture and leisure (BARBOSA, 2010). According to Winnicott (2001) the institution dealing with children and adolescents should provide these young people with a environment, food and clothing, but should also provide a kind of care that makes everyone live in an organized environment. There is still a lack of strategies to think of a better quality of care for children and adolescents who need to live in institutions. Some children and adolescents spend years living in institutions. On the other hand, there are institutions that make differences between sex, make family visits difficult and do not allow the child and adolescent to live with society, in addition to having a precarious physical structure. Of course, all these characteristics go against the saying Statute of the Child and the Adolescent and their rights (AQUINO; SILVA, 2005). For São Paulo (2010) to deal with abandonment may generate the risk of incorporating it rather than transforming it. For working with situations of exclusion can mirror and repeat the place of the excluded. That is, some shelters reproduce a precarious environment, and make children and adolescents once again a victim of the environment, making them feel poor and abandoned by all.

According to Careta (2011) as a preventive measure for health, one should not only treat the individual who suffers, but also those who are present in the environment that surrounds this individual, with the aim of offering a healthy environment favoring the development of the potentialities for health of the individual. Therefore, it is necessary to have a different look for the caregivers so that they can offer a good enough care for the children and adolescents. For authors like Barros (2015) caregivers should receive training or qualification to fulfill their position. However, it still raises questions about the lack of explicitness of how, when, by whom and in what form it should be made available. Although there are suggestions in the regulatory documents for topics to be worked on, the document does not conceptualize what it means by training and continuing education. It is essential that the host institutions contain trained professionals, trained to take office, because it is common for the child and adolescent to choose during their host period an adult who will be their affective reference in the institution. In order for a reconstruction of trust in the outside world, this mirror of an inner security of the host subject, it is necessary that the adult who cares for them knows how to give space, attention and understanding to what the child and the adolescent feel. Thus, from the behavior of this professional, a restorative effect in the life of children and adolescents (MELO, 2011). For Barros and Naiff (2015) the Brazilian Institutional Home model is a complex system that involves a work of all, having staff training and financial resources. In this way, this complexity makes the institution an organ. In order to fulfill its protective measure function, the institution should be seen as a quality service. In this sense, training and continuing education should always be treated as important measures in the improvement of professionals.

According to Careta (2011) the psychological referral to these children, adolescents is yes needed but more is needed. Caregivers are people who will somehow try to rescue these children and adolescents through bonding and affection, so it takes more than guiding them, but it also helps them to understand each other. In fact, it is believed that the caregiver can foster the emotional growth of young people. Moré and Sperancetta (2010) point out that for a prolonged stay of

children and adolescents in host institutions it is essential that there is quality of the environment and the care provided, since these influence decisively in the process of their development. Children and adolescents need to find in their caregivers a reference so that they can form affective bonds and build their identity, self esteem, acquire cognitive, psychological and social skills to grow and build their life stories. But for this to happen, there is a need for a human resources policy that involves permanent capacity building, incentives and valuation of caregivers of host institutions. The continuous training of these professionals should seek social awareness for the wellbeing of the population served, considering that the institutional work has repercussions directly related to the development of the sheltered children and adolescents and should constitute in a context of protection. For Melo (2011), children and adolescents in host institution tend to struggle against loneliness, apathy or indifference. Therefore, it is essential that the host institution has professionals who can contain the emotional tension of these children and adolescents, not only caregivers should receive adequate training to assume this role, but also social workers, psychologists, psychiatrists, among others. If the work is successful, the host institution will play a positive role in the lives of these children and adolescents, allowing everyone to develop the capacity to dream and express themselves, forming healthy citizens in the future. In this way, the host institution can become a rich space of affection, solidarity and protection, where children and adolescents can live satisfactory and productive experiences in the absence of the original family. The host services are development spaces for children and adolescents, regardless of the period of stay in this institution. In this sense, these places need to play a welcoming and caring role, since they are part of the context in which these children and adolescents develop. The author still risks to say that even without forgetting his family of origin, at the time of their lives when living in a host institution, children or adolescents may also find there a kind of family (Rodrigues, 2016).

The perspective of Donald Winnicott

Donald Woods Winnicott was born in Great Britain on April 7, 1896 and died on January 25, 1971 in London. At 14 years of age went to boarding school and later entered the University of Cambridge where he studied biology and then medicine. He served as a surgical intern and physician in the 1914-1918 war.In 1923, Donald Woods Winnicott was nominated for The Queen's Hospital for Children and also for Paddington Green Hospital for Children, where he spent 40 years working as a pediatrician, child psychiatrist and psychoanalyst. He was a contributor to medical, psychiatric and psychoanalytical journals, and also wrote for magazines aimed at the general public, in which he discussed problems of children and families. His extensive work was dedicated to the construction of the theory of personal maturation, the distinction of his work being the decision to study the baby and his mother as a "psychic unit", which allowed him to observe the succession of mothers and babies and obtain knowledge concerning the mother-baby constellation, and not as two purely distinct beings (Steinwurz, 2015). According to Steinwurz (2015), Winnicott's theory is based on the fact that the psyche is not a preexisting structure but something that is constituted from the imaginative elaboration of the body and its functions. This elaboration is based on the maternal possibility of performing primordial functions such as the holding (allows integration in

time and space), handling (allows the accommodation of the psyche in the body) and the presentation of objects (allows contact with reality). The initial psyche-soma proceeds along a line of development as long as its continuity of existence is not disturbed, and for that to occur, a sufficiently good environment is needed where the needs of the baby are satisfied. Winnicott (2012) states that the ability to care for the baby is more related to the devotion of caring for it than intelligence or knowledge. The good mother adapts to the needs of the newborn, this being not necessarily her biological mother, which gives the child the capacity to begin to exist, to build a personal ego, to deal with the difficulties of life. The relationship between them begins in an absolute dependence. The mother identified with her son stands in her place and lives devoted to him, in a symbiotic relationship, where she is able to recognize her most diverse needs. From the absolute dependency, the child over time becomes independent and can become tolerant of frustrations and deal with failures. There is no possibility of a baby leaving the pleasure principle and going to reality if there is not a good enough mother, if this environment is not provided to the baby, it will not be able to develop, thus having a sense of worthlessness.

The child who has had a good environment destroyed or who has never lived in this kind of environment will develop defensive attitudes, probably a feeling of hatred that will be repressed, or the loss of the ability to love other people. In addition, it can return to the stage of life in which you have lived a satisfying moment or create a pathological introversion. The child and adolescent who havebeen deprived of parental care may still develop a false self (WINNICOTT, 2001). Zornig and Levy (2006) mention Winnicott affirming that the construction of early bonds between the mother and her baby is permeated by the musicality of the mother's voice, by her look of anticipation, as well as by her tactile contact, which provides a physical and to the baby. When separation or not maternal investment occurs, the children unable to assimilate what is occurring, thus the separations produce traumatic effects. Thus, parental care received in the first years of life is of vital importance to the physical and mental health of the child. However, the creative potentia l and regenerative capacity of children should also be considered in the search for alternative links that can provide them with experiences of welcoming, intimacy and continuous relationship.

For Winnicott (2001), children in need of parental care are ill because they have lived through a traumatic experience and have developed a particular way of dealing with it. In addition, according to Rosa and Mota (2008), people who are not disappointed as babies are candidates to live happily and enjoy life. And those who experience traumatic experiences from environmental disappointments need to carry with them the memories of the state they were in at the time of disaster. These children and adolescents are candidates to lead a tense life and may be candidates for the disease, but a tendency to sound development may persist. If these people follow a biased direction to development, they can be successful and move towards healthy living. Esclapes (2016) reports that for Winnicott every human being has an innate potential to integrate, and also to make a person mature through the years. But the fact that this tendency is innate does not guarantee that it will happen. Either, it will depend on a facilitating environment that provides enough good care. Such care cited depends on the need of each individual. Thus, for each human being will respond to the environment in its own way, presenting at each moment different conditions, potentials and difficulties.

According to Reis (2015) for healthy psychic development to occur, it is important that there be a good mother, that is, she must be a mother present, sustaining the transformations of this baby. The mother must care for and give love and meet the basic needs of the baby in formation. It is not the perfection that brings the good result, it is the constancy of a relationship in equilibrium. The baby will only be able to acquire the notion of his body and later see himself as an individual if there is the security that this mother makes present. An adoptive mother who plays the full role of a biological mother, that is, who gives and provides the essential care for the baby is also a good enough mother according to Winnicott. Subsequently the initial separation of its biological mother can and should be worked out so that this individual understands its origin. But that does not detract from the fact that there was a mother present who gave her love, plus the conditions for the baby to develop his psyche positively.

Final considerations

The importance of caregivers is undeniable with regard to the care that is needed for those who are vulnerable, such as children and adolescents whose parents are unable to provide care. In the context of interrelation between these actors, children, adolescents and caregivers, the affective relations marked by affinities of the most varied types stand out. However, such relations must be worked in a professional manner, trying to avoid the involvement of those involved in spaces other than those in the host environment, in order to preserve equal treatment among all individuals. However, it is the issue of involvement versus professionalism that is the great dilemma of caregivers. From the reading and analysis of the work done on the subject (MEDEIROS, 2015; OLIVEIRA, 2011; TOMAS, 2010), the difficulties of coexistence and adequacy between the two spheres of action became clear. In this context, despite the existence of a series of documents aimed at guiding the organization of these services, these instruments do not cover the concrete reality experienced by those who make the institution. Thus, caregivers orbit between the two types of behavior, always worrying about keeping the one that most closely approximates the expected professional profile.

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