FAMILY REUNIFICATION OF INSTITUTIONALIZED CHILDREN AND ADOLESCENTS: PERFORMANCE OF PSYCHOLOGIST FROM THREE BRAZILIAN STATES[1]

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ABSTRACT. Family reunification after a period in foster care is a challenge for both the involved staff and the family. After law 12.010/2009, which determined a maximum length of two years, the staff began to focus on the provisional nature of the child advocacy and plan toward to family reunification. This study aimed to know the procedures and challenges of psychologists of the technical staff regarding the planning and follow-up of the reunification of children and adolescents in the family of origin. Three institutional psychologists from three cities in Brazil participated: Santa Maria/RS, Brasília/DF and Natal/RN. In-depth semi-structured interviews were carried out from a script. Data were analyzed qualitatively and categorized through Content Analysis. Among the results, it is highlighted that professionals follow procedures for the preparation of reunification, such as the establishment of visits, referral of the family to the protection and health network and periodic assessment of family conditions. The challenges included risk factors, economic difficulties, among others. Improvements are discussed to maximize the success of family reunification.

Keywords: Institutionalization; family; psychosocial intervention.

REINSERÇÃO FAMILIAR DE CRIANÇAS E ADOLESCENTES ACOLHIDOS: ATUAÇÃO DO PSICÓLOGO EM TRÊS ESTADOS BRASILEIROS

RESUMO. A reinserção familiar após um período de acolhimento institucional constitui-se em um desafio tanto para a equipe que acolhe quanto para a família. Após a lei 12.010/2009, que determinou tempo de permanência máximo de dois anos, as equipes técnicas passaram a focar na provisoriedade da medida de proteção e planejar a reinserção familiar. Esse estudo objetivou conhecer os procedimentos e desafios de psicólogas da equipe técnica frente ao planejamento e acompanhamento da reinserção de crianças e adolescentes na família de origem. Participaram três psicólogas de acolhimentos institucionais de três cidades do Brasil: Santa Maria/RS, Brasília/DF e Natal/RN. Foram realizadas entrevistas semiestruturadas a partir de um roteiro. Os dados foram analisados qualitativamente e categorizados com o auxílio da análise de

conteúdo. Entre os resultados, destaca-se que as profissionais seguem procedimentos para a preparação da reinserção, como o estabelecimento de visitas, encaminhamento da família para rede de proteção e saúde e avaliação periódica das condições da família. Entre os desafios, encontraram-se fatores de risco enraizados, dificuldades econômicas, entre outros. Aperfeiçoamentos são discutidos para maximizar o sucesso da reinserção familiar.

Palavras-chave: Acolhimento institucional; família; reinserção familiar.

LA REINSERCIÓN FAMILIAR DE NIÑOS Y ADOLESCENTES ACOGIDOS: ACTUACIÓN DEL PSICÓLOGO EN TRES ESTADOS BRASILEÑOS

RESUEN. La reinserción familiar después de un período de acogida institucional se constituye en un desafío tanto para el equipo que acoge como para la familia. Después de la ley 12.010/2009, que determinó tiempo de permanencia máximo de dos años, los equipos técnicos pasaron a enfocarse en la provisoriedad de la medida de protección y planificar la reinserción familiar. En este estudio se tiene como objetivo conocer los procedimientos y desafíos de psicólogas del equipo técnico frente al planeamiento y acompañamiento de la reinserción de niños y adolescentes en la familia de origen. Participaron tres psicólogas de acogidas institucionales de tres ciudades de Brasil, Santa María/RS, Brasilia/DF y Natal/RN. Se realizaron entrevistas semiestructuradas a partir de un itinerario. Los datos fueron analizados cualitativamente y categorizados con la ayuda del Análisis de Contenido. Entre los resultados, se destaca que las profesionales siguen procedimientos para la preparación de la reinserción, como el establecimiento de visitas, encaminamiento de la familia a la red de protección y salud y evaluación periódica de las condiciones de la familia y del deseo por el retorno del hijo. Entre los desafíos, se encontraron factores de riesgo arraigados e intergeneracionales, dificultades económicas, entre otros. Las mejoras se discuten para maximizar el éxito de la reinserción familiar.

Palabras clave: Acogida institucional; familia; reinserción familiar.

Introduction

The institutionalization of children and adolescents has been the target of numerous studies in Brazil that evaluate both the impact of family separation in all its aspects and the changes that have occurred over the last decades (Barbosa, Antunes, & Padilha, 2016; Fonseca, 1987; Moré & Sperancetta, 2010; Rizzini & Rizzini, 2004; Silva & Arpini, 2013). As a provisional and exceptional protection measure, a family reunification plan or referral for adoption must be carried out in order to enforce the right to family and community life (Bernardi, 2010). The role of the technical staff of the institutionalization services plays a key role in the success of this reunification. Family reunification represents a delicate and demanding process not only for families and children and/or adolescents being reunited, but also for staff, who need to make decisions that affect countless people (Brito, Rosa, & Trindade, 2014). Thus, the aim of this article was to know how the psychologists of the technical staffs of the institutionalization services in three cities in Brazil are treating the

cases of return to the family of origin. The interest is directed to the procedures adopted by the staff before and after family reunification, from the perspective of the professional psychologist, as well as to the challenges faced during this process. Firstly, a discussion about changes in protection legislation is presented to support the discussion on institutional childcare and family reunification and then studies on family reunification after the implementation of the Statute of the Child and Adolescent.

Numerous changes have occurred in Brazilian legislation regarding childhood and youth over time. According to Rizzini and Rizzini (2004), the prior laws of 1927 and 1979 left their mark because they represent the period of the state's greatest action on poor childhood, thus constituting triggers of discrimination between different childhoods, since they called poor children as 'minors' who needed to be contained and controlled. Thus, the host institutions functioned as a 'deposit' of children and adolescents from classes in a situation of socioeconomic vulnerability. Once institutionalized, children and adolescents of this time continued to be cared for, without concern for their development or future project (Ferreira, 2014; Rocha, Arpini, & Savegnago, 2015a). In the years preceding the implementation of the Brazilian Statute of the Child and Adolescent (ECA) (Lei nº 8.069, 1990), an international movement to recognize childhood as a stage of development that needs care and protection has been strengthened and it has been seen from a new point of view also from the legal point of view, no longer being an object of protection to be a subject to rights. In this sense, the reformulations were gradually being implemented in institutions and public policies were constituted through this instrument (Moré & Sperancetta, 2010).

With ECA's recognition that children and adolescents are subjects of rights and duties, the right to family and community life stood out (Lei nº 8.069, 1990). The institutional care protection measure should be applied after other protection alternatives, as well as the child or adolescent should return to the family context as safely and quickly as possible (Rocha & Carvalho, 2014; Silva & Arpini, 2013). The right to family and community life gave priority to the family environment, recognizing it as fundamental for the development of children and adolescents. To minimize the impact of family separation, ECA (Lei nº 8.069, 1990) established that the institutional environment should have characteristics similar to those of the family, such as having a home-like physical structure, receiving few young people in each unit, not separating siblings, among others. Thus, we sought to minimize the negative effects of institutionalization observed in previous care structures.

Although public policies had already been implemented in 2006 in order to manage the time away from family and encourage alternatives to institutionalization, Rocha, Arpini and Savegnago (2015b) stated that only after Law nº 12.010 (2009) it was established maximum time of two years for the protection measure and the preparation of the Individual Care Plan. The publication in 2006 of the SUAS Basic Operational Standard of Human Resources (Brasil, 2006) determined that the institutional services staff should be composed of one psychologist and one social worker for every 20 children. With these documents presenting delimited procedures, the technical staffs of the institutions are being reformulated, being responsible for the joint work and articulated with the social assistance network, aimed at families and with a view to family reunification. They must also report to the judiciary every six months on the status of each case and monitor those who left the institutions as a way of ensuring the effectiveness of these reunifications. According to Rizzini and Rizzini (2004), family reunification breaks with a historical period of incentive to institutionalization, which brought with it the stigma that poor families were unable to care for their children.

Family reintegration, reinsertion or reunification is considered not only as the physical reunion of children and adolescents who were in unfamiliar care with their families of origin, but also comprises a broader understanding as psychological reunification. It is the planned reconnection process that takes place through a variety of services and support to those institutionalized, their families or others involved (Pine, Spath, & Gosteli, 2005). Reunification measures should have as their primary concern the strengthening of the affective bond between the host and his/her family, considering that this connection is built and/or maintained with intimacy and affection between beings who are in continuous interaction and social life (Brito et al., 2014; Rocha et al., 2015b). The length of stay in an institutional care service is considered a key factor for reintegration and depends not only on institutional issues, but mainly on overcoming the situation that motivated the separation of the family, usually related to social and family issues (Siqueira, Massignan, & Dell'Aglio, 2011).

In the Brazilian context, empirical studies emerged from the 2000s, when policies operationalized the provisional protection measure. The pioneering study by Siqueira and Dell'Aglio (2007) identified risk and protective factors in a case study of an institutionalized adolescent. The protective factors included family members' desire for reunification and frequent visits of adolescents to the family, and risk factors were unemployment, poverty, large families and violence. Azôr and Vectori published their work in 2008, whose findings showed that the lack of socioeconomic conditions represents a hindrance to the process of reintegration into the family of origin. In turn, the longitudinal study by Siqueira, Zoltowski, Giordani, Otero and Dell'Aglio (2010), conducted with three institutionalized adolescents, evidenced the lack of effective preparation of the young person to return to his/her family, as well as the lack of follow-up of the reunification after the return, resulting in going back to institution of one of the adolescents. Conducted with professionals from the institutional care, the study by Brito et al. (2014) showed, among the obstacles to reintegration, the low frequency of family visits, which reflected both the family's disengagement and the little investment of the technical staff in reunification. Other aspects highlighted by the professionals were the lack of family adherence to family support programs and the presence of the idea that the institution is a good place for the child to be. In contrast to other studies, the research by Rocha et al. (2015b), carried out with four families that were reunited, presented evidence that these families were committed to restoring child custody, showing that there were changes regarding the reunification process after the implementation of Law 12.010 (2009). As for unsuccessful cases, the study by Siqueira et al. (2011) demonstrated that there was a difficulty in enforcing existing laws promoting family and community life, as well as the absence of an assessment based on stages and criteria.

International studies have been devoted to the process of family reunification since the 1990s. The current scientific production is broad and has been used as a tool to improve family reunification practices and procedures, which are under the responsibility of Psychology and Social Care professionals (Maluccio, Warsh, & Pine, 1993). In relation to the work of the technical staff for reunification, a plan is made to remedy the difficulties that led to the separation of the family, and the engagement in this plan will be a relevant factor for the success of family reunification (Maluccio, Fen, & Davis, 1994; Siqueira & Dell'Aglio, 2007). Considering the cultural and territorial diversity in Brazil, understanding how has been the performance of psychologists in different states, with regard to the process of family reintegration of young people away from the family, enables the interlocution of practices and the improvement of procedures, promoting Psychology while science and profession. Moreover, the scientific field still lacks studies that propose the debate and dialogue present

in this study. Thus, this research aimed to know the procedures adopted before and after family reunification, as well as the challenges of the technical staff in three different parts of Brazil.

Method

Design and participants

This is a multicenter qualitative research addressing a topic little explored scientifically and whose interest is in understanding the phenomenon. Three psychologists, of two philanthropic and one governmental institutions, located in the municipalities of Santa Maria, State of Rio Grande do Sul, Natal, Rio Grande do Norte and Brasília, Federal District, participated. Participants were between 28 and 37 years of age, all women, with completed or ongoing graduate studies. The inclusion criterion was to work in an institution for children and adolescents for at least five months and there was no exclusion criterion.

Instruments

Participants responded to a semi-structured interview consisting of two parts. The first part referred to the objectives of the main study, focusing on the investigation of the formation, performance and insertion of the psychologist in the field of Social Care. The second part contained questions about the functioning of the institutional care service, procedures for family reunification, and work after reunification.

Procedures and ethical considerations

This study is part of a research carried out through the Academic Cooperation Program (CAPES/PROCAD/2013), developed at national level, between three Brazilian universities. This study included analysis of sociodemographic data and interview responses about Institutional Care Services. The research is in accordance with the Guidelines and Regulatory Norms for Research Involving Human Beings, according to Resolution nº 510 (2016) of the National Health Council. It was approved by the Research Ethics Committee of one of the universities involved (CAEE 45151815.4.1001.5346). The convenience sample was based on the selection of a host institution from each city participating in the study, including a professional from each technical staff. Participants signed the Informed Consent Form, and two psychologists were interviewed at their own institutions and the third at home. All interviews lasted from 1 hour and 30 minutes to 2 hours. In this study, the participants are henceforth named P1, P2 and P3 as a way of guaranteeing the confidentiality of their identities.

Data analysis

This study used Content Analysis, according to Bardin (2004), which consists of a set of methodological procedures that apply to discourses, analyzing communications, decomposing them and listing categories, being a method widely used in qualitative research. Thus, three categories emerged: (1) procedures adopted for family reunification, (2) challenges faced in planning family reunification, and (3) family reunification in practice.

Results and discussion

Procedures adopted for reunification

This thematic category included the procedures adopted by the professionals related to the family reunification process. Regarding the visitation plan, participants P2 and P3 mentioned that a case management plan is set up and a visitation plan is organized with the families. According to them, when allowed by the court, the contact of the institutionalized child/adolescent with his/her family is guaranteed, as well as a periodicity of these visits. According to the professionals, "[…] families come to visit the children according to each case, according to our assessment as a staff" (P1), "[…] and there are many who have a mother and father and then we facilitate these visits on weekends, every 15 days, to spend vacation, on holidays"(P3),

> […] these visits that they make on Tuesday and Thursday, they come here, these visits that the child makes there, when there is a child day, we call them here to participate in, or some school activity, family day, I don't know what, they go there, so we always try to keep this link (P2).

The speeches show that there is the establishment of a visitation schedule, by evaluation of the staff, and may be a promoter of reunification. According to the study by Siqueira et al. (2010), there are procedures that can facilitate the success of the return, among them, is the occurrence of periodic visits between the family and the institutionalized children. However, these visits are usually restricted to predetermined days and times, which is a nonsense, given that, in the search for reunification, family space should be opened and not limited (Iannelli, Assis, & Pinto, 2015).

Another procedure cited by one participant was the inclusion of the child and/or adolescent in the processes related to reunification, in order to make him/her feel consulted in the face of decisions. According to P1, "[…] you have to listen to the child, right? In this process because, if she really wants the family or not, because she was violated, had her rights violated, then we have to listen to her [...], always try to be listening to this child". The effective listening of children and adolescents is a basic right guaranteed by the Statute of the Child and Adolescent (Lei nº 8.069, 1990) and, therefore, should be part of the planning for all childcare. The literature indicates that active participation involves, among other things, listening to fosterchildren and adolescents and, for this, it is necessary to value what they feel/think about their own situation (Rossetti-Ferreira, Sólon, & Almeida, 2010). Corroborating this study, Silva and Arpini (2013) state that fosterchildren and adolescents should participate in decisions that affect them.

The assessment of the family of origin was another procedure mentioned by the participants. This assessment focused on whether the family sought to solve the problems and difficulties that motivated institutionalization. According to psychologists, "[…] because sometimes there will be no way, for reasons of violence, alcoholism, but there is the bond" (P3), "[…] we always try to work with families, to see the possibility of return, or else extended family, that we also have a lot of cases"(P1) and "[…] this is the main objective, that we can reinsert them, preferably in the father and mother family, the family of origin they came from, [...] The main goal is to get them back" (P2).

Cavalcante, Silva and Magalhães (2010) point out that the family conditions that led children and adolescents to be institutionalized are not always completely overcome by the family during the institutionalization, which makes reunification difficult. The lack of guarantee of their basic rights, such as the right to health, education, employment, among

others, highlights the complexity of the issue, and demonstrates the importance of understanding these social aspects present in the daily lives of the families of children and adolescents institutionalized (Azevedo, Cavalcante, Heumann, & Torres, 2016; Siqueira & Dell'Aglio, 2007). In this sense, the study by Rosa, Nascimento, Matos and Santos (2012) found that, although most of the children maintain positive ties with at least one relative and the efforts of the technical staff, there is a difficulty in the reunification processes. Family conflicts and material needs are impediments to the accomplishment of reunification, becoming an impasse: keep the effort to reunify or suggest the removal of family power, since possibly the conditions for reunification will not be reached? In line with this aspect, Iannelli et al. (2015) demonstrated that there are many difficulties faced by families regarding the visitation plan and the psychological services indicated in the Individual Care Plan, such as the precariousness in offering effective social support, for example. As for the family's desire for reunification, only professional P3 indicated giving importance to this factor: "And even listening to the person's desire, what she as a mother wants".

For an effective family reunification, in addition to assessing socioeconomic conditions, it is necessary to observe whether there is the family's desire for the return of the child and the degree of bonding between them (Azôr & Vectore, 2008; Rocha et al., 2015b). Careful attention to this aspect is fundamental to the success of this process.

Another procedure adopted by professionals was to seek help in the protection and service network. According to their words, "[…] with schools, CRAS, CREAS, CAPS, we are involved with several professionals, children are inserted in these spaces, we need to be aware of this contact with other services" (P1); "[...] some referrals have to be made, some have a history of chemical dependence, we get psychological care, CAPS care, accompany the child in CAPS care, talk to the psychiatrist, understand the medication" (P2).

> Also mobilizes, does the work of the network, this mother needs a food parcel? CRAS, this happened and this, what's going on? So, make the first contacts for mom to know where she can go, where she can look. A job, let's prepare a curriculum [...] Sometimes the staff talks, but we got the job, we took a vocational course, we painted her house, gave her furniture, gave her an appliance, and this mother didn't care at all about anything. But it's not the material, how is the relationship of affection? (P3).

This socioeconomic and professional aid is little reported in the literature; however it proves to be of great value for the organization of this family and overcoming financial difficulties. On the other hand, it is known that, in many cases, the family separation was due to abuse, so this support will not be enough for the family reunification.

Challenges in family reunification planning

Numerous challenges arise as impasses for reunification. Two professionals mentioned the difficulty of complying with the provisional nature of this protective measure: "I arrived here, there was a girl, all her life in the institution. In some cases, children are institutionalized all their lives" (P2) and "I know there are many in childcare, those who are not adopted, a lot of people who have been there for a long time"(P3). Studies have indicated that the institutionalization time has been quite prolonged in Brazil, even after the Statute of the Child and Adolescent (Lei nº 8.069, 1990), showing the difficulty in guaranteeing the provisional nature of the measure and the existence of few cases in which the reunification occurs (Cavalcante et al., 2010).

Another reported challenge was the difficulty in overcoming family-based risk factors such as economic fragility, chronic diseases, caregivers' chemical dependence and

domestic violence. According to the participants: "It is not only the question of the staff or the technical staff, it is the question of the family itself" (P2);

> These are people who do not get a job, who have little education, who live on food parcels. Many cases of neglect, abandonment, leaving for the care of others and going out to date, to spend time outside, the issue of sexual abuse is also quite common. There is one or the other that the father is an alcoholic, that the mother has a mental disorder (P3).

It was possible to highlight the active search for family recovery as an assignment of the technical staff, as well as an effort to return to the family of origin as quickly as possible, often to the detriment of the recommendation for family destitution. In addition, it became clear that the practice is directed towards compliance with the provisional nature of the protective measure. These aspects were seen in the following statements:

> Now, with the New Adoption Law, children come and soon leave. Now it's taking much less time, because in the past the cases came here, sometimes it was years that were in the adoption row, without having an alternative, and now, of the cases that came in, the majority is having relatives, or working with these parents to have a return. If no possibility, we then refer to the substitute family, relatives, and when there are no uncles, grandparents, someone who has the interest of adoption, ultimately, when there really is no one (P1);

> We need to conduct the case studies about the children who are institutionalized, so that we can see them being reunificated, this is the main goal, so that we can reinsert them, preferably the family of mother and father, the family of origin that they came from, and if for a series of other things we consider if they go to relatives or destitution of family power, but the main goal is to make them return(P2);

> So I have to explain to her why she's not going home for the weekend, I need to explain to her why she needs to live with her uncles, because if it doesn't work out with her mother, we don't want them to go to the adoption register (P3).

More recently, a study by Silva and Arpini (2013) showed that after the Law 12.010 (2009), the professionals of the institutional foster care system are really seeking to exhaust the possibilities of return to the family of origin or other relatives, before the complete dismissal of family power. They stress that, prior to such legislation, no institution professional was responsible for ensuring reunification, even if the ECA had already advocated the right to family and community life, such practice was at the discretion of each professional and was not a systematic practice.

However, it was observed in the speech of the psychologist 3, that the question of the maximum length of two years is another challenge, and in practice ends up becoming more flexible because each case presents its particularities that should be taken into consideration:

> We work like this, the judge is always on top, because when there is no possibility of reunification, it goes to the destitution of family power and the adoption process. When I studied in theory, I understood everything, everything fit right in, but in practice, for example, a year and a half since they are here, you cannot see the possibility of reunification, but will remove the power, these children have the bond with the mother, I do not imagine these children being adopted, because there is a very strong bond with this mother, although they may not be living together now (P3).

The two-year milestone for institutional care was advocated by Law 12.010 (2009) to combat situations in which young people remained for many years without an active proposal for family and social reintegration (Silva & Arpini, 2013). However, it seems to be

an unreachable limit, as it is not enough time to do the work with families, considering their context of lack and structural violence.

Finally, another challenge was to demonstrate to families the importance of their children being in the family context. Participants mentioned that sometimes parents considered foster care a good place for their children to live and do not adhere to the family reunification plan. According to P1, "[…] there are many families who understand the institution as a protective space, really. Protection they can't afford or the opportunity that they will be someone there, who will study".

A study by Brito et al. (2014), on the technical staff's view of family reunifiation, noted the appreciation of institutional care by parents as the ideal place for their children to be. This conception of shelter care as a suitable place for the child had already been identified by Fonseca (1987) in studies on FEBEM, who named the institution 'boarding school for the poor', although it was at a different time and context. Contradicting this view, a recent research by Rocha et al. (2015a), with mothers whose children were in institutional care, noticed the mothers' involvement with a view to their children's reunification, which can be evidenced by their efforts to follow the guidelines proposed by the technical staff to have their children back.

Family reunification in practice

This category includes information about follow-up after reunification. Participants pointed out that the return is not always successful despite the staff effort.

> We get reunification for most of them, but for most it is not always so effective, there are cases of them returning to the shelter, in this time I'm here, there was a case of a boy who is coming back now. When this occur, it is terrible more for the child than for anyone else (P2).

One of the reasons given for the failure of reunification is the fragility of the social protection network, which should more effectively assist these families, and the impasse of attributions experienced between the different instances of this network. Participant 2 mentioned that the network

> […] it is very lame, the child comes here with the right violated, there is a lot we do that should be done by CREAS [...], it is very difficult to put CREAS in the same dialogue, CRAS even worse, and it's all in same secretariat, but it is very difficult, it is this thing, this is my assignment, this is yours [...], this work is gradual because we do all the strengthening work with these families, the network has to be active also because it often involves the Guardianship Council to accompany, the CRAS, us.

It is essential for the work of strengthening the family the implementation of social policies and the provision of services capable of providing the family with resources and social benefits that meet the common and specific demands of its members (Azôr &Vectore, 2008). It is not a matter of 'healing families' but of giving them back the exercise of citizenship and guaranteeing them their basic rights. All Services of the Rights Guarantee System, such as the Guardianship Council, Child and Youth Courts, Specialized Social Assistance Centers, the Attorney General's Office and the Public Prosecution Service, should work together for effective reunification.

According to the participants, after reunification, the staff conducts home visits in order to analyze the impact of this experience for the young person and family and to keep up the orientation work regarding the services that can be activated. According to the professionals, "[…] we make home visits and it is also time to inform them where to look,

how to do what we can help, it is a work with families, a matter of accompaniment" (P1); "I make some visits. Ah, let's meet such a family. I enjoy to be together, then I enjoy and already talk a little with one, a little with the other" (P3); and

> It is not up to the psychologist to make a home visit, it is a classic instrument of social assistance, but I think the psychologist inserted in the context of social assistance, if he/she does not go to visit, he/she will be missing this valuable instrument for any study we will have, situations of social vulnerability, for example, it is very difficult to separate (P2).

The role of the institutional staff after reunification is to perform periodic follow-up of the child or adolescent for a period of six months (Lei nº 8.069, 2009). Home visiting is a working tool that enables closer contact between the staff and families, favoring a climate of trust between the subjects involved (Azôr &Vectore, 2008; Goering & Shaw, 2017). Its value is recognized in the field of Social Care and Health, it is currently an instrument of Psychology recommended by documents that regulate the profession (Conselho Federal de Psicologia [CFP], 2009; Conselho Federal de Serviço Social [CFSS], 2007). As home visiting is a valuable instrument, it seems essential to strengthen professionals to include this procedure considering the uniqueness of the psychological field.

The situation of the teenagers institutionalized is more delicate and requires a different commitment from the technical staff. For psychologists 1 and 3, "[…] there is the issue of sponsorship that would be positive for adolescents, when adolescents no longer have a prospect of return, hence sponsorship was a positive form" (P1); and

> We have, for example, the case of two teenagers that we already received when they were already 16, 17 years old, and then at this age no one else will adopt, it can happen, but it is very rare [...] because even if they do not have reunification, they have this family reference, because sometimes there will be no way, for reasons of violence, alcoholism, but there is the bond, which is not what it should be, but we keep this reference. And that sometimes, when they are 18 years old, when they return, they will live near their mother (P3).

The statements of professionals highlight that sometimes there will be no way out for them except to live with a family with numerous weaknesses since, from the age of 18, there will be no more protective measures. According to Siqueira et al. (2010), the institutionalization of adolescents is a more complex situation, requiring numerous procedures and care. In addition, the experience of prolonged situations of violence and carelessness also makes it difficult to adapt to the shelter institution and to late adoption, even though they are rare (Siqueira et al., 2011).

Final considerations

Returning to the family of origin, after experiencing a situation of violation of rights, is a delicate process, complex and susceptible to many factors. Although the ECA (Lei nº 8.069, 1990) advocated the provisional nature of the institutionalization measure, studies show that until Law 12.010 of 2009 there were no systematic procedures that would promote the return to the family. This multicenter research provided valuable information about the performance of the technical staff facing the task of family reunification. However, the challenges associated with this process draw attention to this important theme, as well as converge with the literature on the subject.

With three different realities, it was possible to visualize the harmony in the adoption of some procedures and challenges, as well as specific singularities experienced by each

professional. The planning of the Individual Care Plan (PIA), including the evaluation of families, visits to the family of origin and follow-up of reintegration cases after return were actions taken by all professionals, which converge with what is expected from these staffs. The promotion of visits by the staffs was mentioned by the professionals and, in fact, the visit is considered fundamental because it provides information about the family's connection with the child and the adolescent, promotes the strengthening of bonds, and enables supervised family living (Maluccio et al., 1993; Siqueira & Dell'Aglio, 2007). However, the present study evidenced the difficulty of some families to fulfill the visits in the institution, warning that this plan should consider viable options for them. With regard to periodic assessment and establishment of the PIA, it can be seen that they are key tools for promoting the fastest and safest return possible.

On the other hand, only one professional commented listening to the child and adolescent who is returning about the return, a procedure recommended by the scientific literature and the guidelines that guide the professional practice of the psychologist. Similarly, only one professional mentioned being aware of the family's desire for reunification, as sometimes the focus on reinsertion prevents this aspect from being valued, even though the literature indicates that the desire for the child's return is an influential factor for the success of family reintegration (Âzor & Vectore, 2008; Siqueira & Dell'Aglio, 2007).

Another aspect revealed by the research is the presence of an effort for reunification into the family of origin, even if the weaknesses have not been overcome, the violation continues, risk factors have not been combated, without the family's desire for reunification and also the search guaranteeing the provisional nature of the protective measure. Silva and Arpini (2013) showed that, on the one hand, the delimitation of two years of foster care may prevent the extension of time in the institution, on the other, it may not be sufficient for family reorganization and to remedy the violation of rights that led to the protective measure, and may lead to the failure of reunification. It is suggested that the study of each case be conducted in the best interest of the child, considering the possibility that the family of origin is not the best option. Associated with this data, there is the search for provisional application of the measure, which may cause some reinsertions to happen in unfavorable conditions for the child. An analysis of the family's actual emotional and financial conditions for the child's return, the visualization of the families' engagement in the individual care plan, an effort to listen to the child in his/her desire to return, and his/her mental state after visits may be suggested as procedures that provide data on the possibility of a safe return of the child or adolescent.

The posture through the articulation of the verified network can be considered an innovative aspect found in this research. The work with the safety network and the impasses regarding the roles of the different actors of the network were factors highlighted by the professionals and deserve attention. To work for family reunification, one must overcome the performance of specific and fragmented activities, and establish collective actions. Institutional foster care staffs should work in cooperation with tutelary counselors and professionals from social care referral centers to support the reunification process. In addition, the network must be professionally able to act cooperatively. Only in this way can together be promoters of reunification processes.

The difficulties faced in the family reunification of adolescents cause concern and refer to the structural fragility experienced by the family of the children and adolescents institutionalized. Risk factors such as chemical dependence, alcoholism, unemployment, low education and under employment were observed in the participants' statements. The complexity is greater when analyzing the situation of the institutionalized adolescents. These

young people do not have the profile that would potentially benefit from return to family or even with surrogate family placement. Often, they find themselves in a similar situation to their families, highlighting the vulnerability. An alternative would be the implementation of youth republics, which could be an alternative for reintegration into society, in order to offer adolescents an opportunity to exercise supervised autonomy, responsibility and self-care before the protective measure is extinguished at adulthood, but not without first proposing and implementing consistent interventions for the development and health of these young people. Further, the proposal of affective sponsorship is strengthened, as these citizens could consist of identification models, enabling healthy interactions and enhancing the qualities of young people. Even understanding the shortcomings of this program, it is recognized its role for young people without healthy referral options, and thus it is suggested that efforts be made to overcome these difficulties.

Finally, the sample size may be considered as a limitation for this study, although the inclusion of professionals from three different regions of the country represents an innovation for the area. Still, it is suggested to include other institutional technicians in the sample, such as social workers. It is essential to promote studies that illustrate the processes experienced in institutional shelters, and the increase of the sample is a suggestion for future studies. It is believed that the promotion of family reunification of children and adolescents needs professionals who have their work strategies supported by an active social support network that can perform their duties in accordance with the guidelines of the Social Assistance Policy. Only then families will have subsidies to address their social vulnerabilities and provide the best environment for their children's development.

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