ORIGINAL ARTICLE

SUPPORT NETWORK OF CHILDREN AND ADOLESCENTS LIVING AT HOME SHELTER

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ABSTRACT

Objective: to identify the support network of children and adolescents living in Home Shelter. **Method:** qualitative, descriptive and participatory study, conducted with 12 children and adolescents from 10 to 16 years of age living in a Home Shelter reference for this population, located in southern Brazil. Data were produced between August and September 2021, from the Creative and Sensitive Method with the Creativity and Sensitivity Dynamics Talking Map. The enunciations were recorded, transcribed and submitted to Discourse Analysis in the French current. **Results:** the social support network of children and adolescents is made up of their families, friends and part of the institution's professionals. The institutional support network is composed of Home Shelter, school, health services and projects developed in partnership with other entities. **Final thoughts:** the support network of institutionalized children and adolescents offers emotional, material, instrumental and informational support, valuing the interpersonal to institutional relations, which highlights the need for professionals who work in this scenario to be trained to meet the physical and emotional demands, in addition to acting for the social integration of children and adolescents.

Keywords: Child Health. Adolescent Health. Social Support. Community Support. Institutionalization.

INTRODUCTION

The period of childhood and adolescence is marked by a social and historical construction and reconstruction, associated with physical and cognitive changes, resulting from a dynamic and complex process of interaction between biological, historical and cultural agents. This construction is influenced by interpersonal relationships experienced from birth through family life and later modified at each stage of life according to the culture and historical appropriation accumulated over the years [1, 2].

For a healthy development of children and adolescents, the presence of a strengthened support network is necessary. This network is characterized by the relationships established between individuals, in which subjective and objective exchanges occur, enabling the subject to achieve social, affective, cognitive and financial support, favoring his/her development, health and well-being. It is a dynamic phenomenon, built and rebuilt several times in life, according to the microsystems in which this subject transits [3, 4].

For the development process to occur in a healthy way, children and adolescents must have their rights guaranteed by the family, community, society in general and public power [5]. However, although families have the commitment to provide the needs of minors, it is necessary to consider all

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the issues of vulnerability that are present in the daily life of the family group and that result in the weakening of the care process [6].

Thus, the process of institutionalization, through the shelter of children and adolescents, is necessary for attention and care of the demands of those who live in a situation of vulnerability. This is a provisional measure for minors away from family care from protective measures of an exceptional nature, due to the temporary impossibility of the family or guardians to develop protection and care [5].

Given the conditions of vulnerability marked by poverty, neglect, abandonment and other violence [7] to which children and adolescents are exposed, institutionalization is a strategy for full protection to ensure the rights of this population. In addition, among other functions of these services, the following stand out: to integrate the intersectoral network of attention to children and adolescents, to assist in the elaboration of traumas experienced in family life or in their separation and recomposition, overcoming the situations that generated the shelter for future return to the family of origin and, when there is no possibility of reintegration, refer to substitute family by legal adoption [7].

Institutionalization is a common event that affects the social development of children and adolescents. In Brazil, the National Council of Justice points out that there are 29,579 children and adolescents sheltered, 16,171 (54.7%) aged between 10 and incomplete 18 years [8]. Numerous factors can be linked to the process of shelter in Home Shelter.

A systematic literature review showed that sheltered children and adolescents may have delayed psychosocial development due to the lack of a home that meets their affective and social needs [9]. Another study, carried out from the documental analysis of the process of shelter of children and adolescents in Rio Grande do Norte, found as reasons of shelter the neglect, abandonment, chemical dependence of parents or guardians and/or street situation [10].

When institutionalized, children and adolescents present changes in their support network, including the foster home and the people with whom they live and interact. Thus, the institution that houses these subjects must offer essential resources for their development, enabling the construction of new valid relationships [4].

Given these assertions, the thematic relevance of this study is justified to identify the support networks of children and adolescents living in Home Shelter and which they are. Moreover, enable this population to have their voices heard, considering that the findings of the study can affect the daily care of children and adolescents sheltered. In this sense, the following question arises: "How is the network of children and adolescents living in Home Shelter constituted?"

This study aims to identify the support network of children and adolescents living in Home Shelter.

METHOD

This is a descriptive and participatory study, with a qualitative approach, developed from the Creative and Sensitive Method (CSM) proposed by Cabral [11]. In the period of data production, the Home Shelter embraced 25 sheltered, 12 children and 13 adolescents. The inclusion criteria adopted were: being aged between 10 and incomplete 18 years and living in the home shelter for at least one month. Children and adolescents who did not have cognitive conditions to verbalize or those who, by medical or psychological indication, could not participate were excluded. From the established criteria, 13 children and adolescents could be participants, and all were invited, with only one refusal. In order to enable the largest number of participants, the study corpus was composed of 12 children and adolescents aged between 10 and 16 years.

The scenario of the study was a Home Shelter that acts in the shelter of children and adolescents between 0 and 18 years old removed from the family context. The institution is located in a municipality in the central region of southern Brazil, a reference in the care of children and adolescents in vulnerable situations, away from their family of origin, with a total capacity of 45 sheltered.

Data production took place between the months of August and September 2021, data collection was developed virtually, from a video call previously scheduled on the Google Meet® Platform. In order for children and adolescents to have greater privacy, calls were made in a room attached to the Home Shelter, and for those who needed to leave, a nurse was available to accompany them.

In general, the CSM is applied in face-to-face meetings, in a way that awakens the sensitivity and creativity of the participants [11]. However, for the construction of this study, there was a need for methodological adaptation, opting for individual and virtual CSD due to the Covid-19 pandemic.

For data production, the Creativity and Sensitivity Dynamics (CSD) "Talking Map" was used, in which the participants individually built their social and institutional support network, from the following Debate Generating Question (DGQ): *"Which institutions, professionals and/or people are part of your daily life?"*

The children and adolescents were instructed to mention the places/people/institutions that they considered to have very strong, strong, medium, weak or broken bonds, being previously instructed as to the intensity of the bond. Considering that the data were produced in a virtual way, a document was opened in the Microsoft Power Point® program, and, from the use of dialog boxes and enunciations of children and adolescents, the individual ecomap was built. At the end of each CSD, the participants were asked whether the figure represented their reality or needed

adjustments. Once consented, the file was saved with the corresponding number of the CSD and the initials of the participant.

The CSD lasted on average 28 minutes, being recorded on the Google Meet® Platform and were subsequently double transcribed by the researcher and research assistant in Microsoft Word® file. The writing of this manuscript was guided by the COREQ (Consolidated Criteria for Reporting Qualitative Research) guideline.

The enunciations were submitted to Discourse Analysis (DA) in the French current, based on the French philosopher Michel Pechêux in the 1960s [12] and grounded in Brazil by Eni Orlandi. DA is a technique of analysis that explores the relations between discourse and reality. This process of analysis can be divided into three stages: in the first stage, the transcription of the material occurred; subsequently, a superficial analysis was performed, followed by the horizontal analysis with the use of orthographic resources, which enabled textual fluidity and meaning effects [13]. For better understanding, the caption shown in Chart 1 was constructed as follows:

Chart 1: Caption of the spelling resources used in the analysis process. Brazil, 2022

Spelling resources used to understand dialogues:
/ (short reflective pause);
// (long reflective pause);
/// (very long reflective pause);
... (incomplete thought);
(interruption of enunciation);
[...] (pause in enunciation and continuation);
( ) (complement of the verbal thought stated, explanation).

Source: Created by the authors, 2022

In the second stage, the passage from the discursive object to the discursive process occurred, and, at that moment, the analytical devices were used: paraphrase, polysemy, metaphor and interdiscourse. To identify these devices, chromatic distinction markers were used. Finally, in the third stage, the discursive formations were identified, which originated analytical categories [12-13].

This manuscript is linked to the matrix project (name preserved to maintain the anonymity of the authors during the evaluation of the reviewers of the *Revista Ciência, Cuidado e Saúde*). To conduct the research, the propositions of Resolutions 466/2012 and 510/2016 of the National Health Council were followed, which deal with the ethical

aspects of research with human beings. The study was approved by the Research Ethics Committee, under opinion n. 4,594,243. All participants signed the Assent Form, and social educators, the Informed Consent Form, both in two copies. In order to maintain confidentiality about the identity of the participants, the letter "P" was used, followed by cardinal number according to the development of each CSD (P1, P2, P3, ..., P12).

RESULTS

The participants were 12 children and adolescents aged between 10 and 16 years, being seven boys and five girls. Regarding the year of embracement, nine children and adolescents were

institutionalized in 2021, two in 2019, and one in 2020. It is noteworthy that this is the date of the last institutionalization, because some participants had already passed through the Home Shelter. Only two children and adolescents maintained some kind of bond with their families. All participants attended regular public school, and two adolescents were already in the labor market as a minor apprentice. To better understand the characteristics of the participants, Chart 2 was constructed, which clarifies who were the children and adolescents who lived in the Home Shelter.

Chart 2: Characterization chart of children and adolescents participating in the study. Brazil, 2022

Participant	Age	Sex	Year of embracement	Bond with family	School link and year
P1	12 years	M	2021	None	Yes 6th year
P2	10 years	F	2019	None	Yes 4th year
P3	16 years	M	2021	None	Yes 9th year
P4	13 years	F	2021	Grandfather	Yes 9th year
P5	16 years	F	2020	Sister	Yes 9th year
P6	15 years	M	2019	None	Yes 8th year
P7	13 years	M	2021	None	Yes 7th year
P8	12 years	F	2021	None	Yes 3th year
P9	12 years	M	2021	None	Yes 4th year
P10	15 years	M	2021	None	Yes 4th year
P11	12 years	M	2021	None	Yes 6th year
P12	16 years	F	2021	None	Yes 1th year High School

Source: Created by the authors, 2022

The discourse analysis allowed the construction of two analytical categories, named: *"Children and Adolescents sheltered: social support network"* and *"Children and Adolescents sheltered: institutional support network"*. The first category refers to the social relations that children and adolescents claimed to be part of their daily lives, while the second category concerns the institutions responsible for supporting these participants.

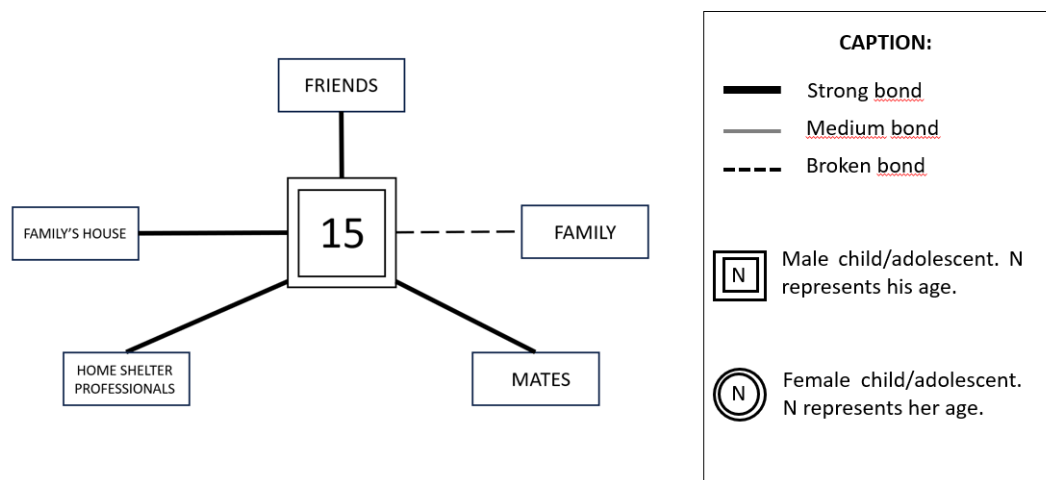**Children and adolescents sheltered: social support network**

Figure 1: Ecomap of participant 10 prepared based on the CSD carried out, highlighting the bonds of his social support network. Brazil, 2022.

The statements of some participants present family relationships with a present bond, regardless of whether the contact maintained is in-person or by telephone. In addition, even if family contact is occasional, in the voice of children and adolescents, it is a strong bond, which denotes the importance of contact with the family for the process of development.

My grandma sometimes comes to see me. (P4)

I talk to them (family) by phone// the teacher

borrows it. (P5)

I go to his house (father) sometimes. [...] The bond is good, it is strong! (P6)

They (family) come here (Home Shelter). [...] It is a strong bond. [...] I keep contact with my mother. [...] It is a strong bond. [...] She is blind, so we talk by phone. [...] We talk once in a while, I call her. (P10)

In relation to the bond with siblings, the sheltered show greater proximity to those who also reside in the Home Shelter, which can be explained by the fact that they have daily interaction, in addition to sharing feelings and situations experienced. The statements of the adolescents indicate the distancing from siblings in case of adoption, from moderate, weak or non-existent bonds.

My brother was adopted and my sister does not live with me in the Shelter, so I have other siblings / but they are not here in the Home Shelter... (P6)

My brothers live with me here (at Home Shelter). [...] Our bond is strong! (P9)

I have four brothers. [...] I live with just one, he is living here at Home Shelter. With him, it is strong (the bond). [...] With the others it is // more or less / it is weaker because I do not hear from them, you know? It is a medium bond with the other brothers. (P11)

Friendship relationships constitute the social support network of children and adolescents, regardless of these bonds arise in the school or in the Home Shelter; they are evidenced as choices, by affinity and by being part of everyday life.

I like playing with boys and girls, my friends from Home Shelter. [...] From school too, I like my friends! (P2)

I have more friends from Home Shelter, it is affinity! (P7)

I have only one friend from my old school. [...] We used to be very close. [...] Here in Home Shelter I have two close friends... Actually, I have four friends. [...] Very close! (P9)

there is a portion of professionals from Home Shelter, with which participants develop a deeper

relationship, reaching the social aspect, showing the presence of trust, affection and respect with these professionals.

Moreover, composing the social support network of children and adolescents sheltered,

Hum / two persons. [...] The nurse and the gardener. (P2)

It is a strong bond with them! Specially the Psychologist. (P3)

Strong. [...] More with the teachers. / And the psychologist. [...] There is also the nurse. (P4)

I really like them (educators) because they take care of me // talk to me when I feel alone. (P8)

It is strong. [...] The educator helps me do my (school) tasks. [...] And also with the psychologist. (P10)

It is notorious, from the statements of the participants, the appreciation of inter-personal relationships in the daily lives of children and adolescents living in the Home Shelter. Among the relationships are those developed within the family, represented mainly by the figure of the father, mother and siblings.

As for friendships, children and adolescents establish a bond with their schoolmates and with other children and adolescents who live in the Home Shelter, since the affinities and everyday situations allow the construction of this bond. Some professionals who work at Home Shelter stand out in the perception of children and adolescents, before the construction of bond and trust, also allowing the offer of social support.

Children and adolescents sheltered: institutional support network

The feelings regarding the embracement in the Home are dichotomous between the enunciations of the participants. Some report liking living in the institution, especially those who have lived longer. While others show negative feelings about crowding, especially when they mention missing their family.
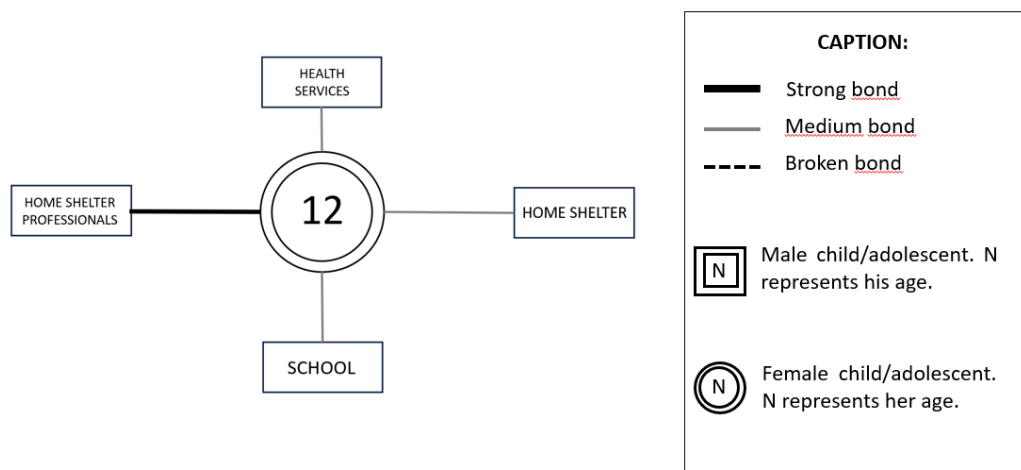
Figure 2: Ecomap of participant 8 drawn from the CSD carried out, highlighting the links of her institutional support network. Brazil, 2022.

The feelings regarding the embracement in the Home are dichotomous between the enunciations of the participants. Some report liking living in the institution, especially those who have lived longer. While others show negative feelings about crowding, especially when they mention missing their family.

> I like living here (in the shelter). [...] It is a strong bond I think. (P6)

> My family home is important. [...] But I like living here a little bit [...] because I // cannot see my family. (P9)

> I like living here. I have lived in Home Shelter since I was two years old. (P10)

> My house / it is my home. [...] It would be my family home. [...] I see it as a very strong bond! [...] Here in Home Shelter I have a medium bond. (P11)

> Well, at the moment I have only been staying at Home Shelter. [...] I am trapped (metaphorically) here, literally. [...] Here everything seems so uninteresting. (P12)

In addition to the social relations established by children and adolescents with the Home Shelter, there is also the presence of the institutional support provided by them, demonstrating the presence of positive bonds, praising the relevance of those who work directly with children and adolescents sheltered, as they form the institutional support network.

> I have been here for a long time // they (professionals) take care of me. (P2)

> They (professionals) help me do the themes when I cannot do it [...] when I am sick I also ask them (professionals) for help (P5)

> I have contact with some (professionals). [...] many people. I've lived here for years, so... [...] it is strong! (P6)

> When I have any doubt I ask them [...] then they explain it to me. (P7)

> I like everyone here. [...] It is strong (the bond). (P9)

The school is also a space that is present in the daily life of the participants, since it contributes to their training as subjects, which enables learning and favors social interaction with other children and adolescents. The institutional support offered by the school is evidenced, above all, by the professionals who work in this scenario, in the face of the impact caused by the pandemic, which corroborated for the distancing from living with other children and adolescents.

> At this moment, the school I studied before would have a medium connection... In the school I am now, I do not have any friends, so I have no connection. [...] At the current school I only have a strong bond with the principal. (P3)

> I was going to school this week / but I stopped going. [...] Because of the pandemic. So, I am just doing school activities here in Home Shelter. (P6)

> I am not going due to the pandemic, // I already went to school [...] I liked going. (P8)

> Before the pandemic I went to school. [...] I liked going. [...] The bond was very strong. I liked going

[...] because I had my friends [...] and my teacher [...] she helped me a lot. (P9)

Now it is weak (the bond). [...] Activities and tasks are coming here in Home Shelter, I am not going anymore. (P10)

In addition to Home Shelter and the school, other scenarios are part of the institutional support network of children and adolescents, such as health services, which were cited by the participants. The demand varies according to the health demands presented, whether physical or psychic.

It is / would be a strong bond, because I have a chronic illness, so I am often in a health center and in the hospital. (P3)

I go to the doctor and PSCC (Psychosocial Care Center) once a month! (P4)

I go to PSCC ((Psychosocial Care Center) and talk to the doctor there. (P7)

I go to the dentist to take care of my teeth. I also think the health center is important, as it helps people. (P9)

Moreover, since some children and adolescents will remain in the home shelter until they are 18 years old and will later be disconnected from the institution, facilitating the insertion of these individuals in society is something of extreme relevance. In this way, Home Shelter, in partnership with other institutions, works for the training, especially of adolescents, so that, in the future, they can joy the labor market.

I am part of a social project to help have a job in the future. [...] I do it online once a week. [...] They / teach us. (P4)

I am part of a project here in Home Shelter, // it aims to provide employment opportunities and other things. [...] Oh, there are several lectures and stuff, plays... I think it is very important. (P6)

The enunciations of children and adolescents show the composition of the institutional support network. In relation to Home Shelter, adolescents denote that the institution is part of their daily lives, although, for some, it does not represent a strong bond, because it refers to the distancing from the family.

The pandemic caused a distancing from school, especially in relation to the bonds formed with other children and adolescents. In the voice of the participants, remote activities are not enough to sustain a strong bond with the school.

Concerning health services, children and adolescents seek institutions to control chronic conditions or in cases of illness. The statements highlight some health professionals representing the institutional support network.

Participation in projects that envision new possibilities for the future was also signaled by the participants. This corroborates mainly at the moment of leaving the Home Shelter, so that the sheltered have the possibility of social insertion, an occupation and an opportunity in the labor market.

DISCUSSION

The analysis of the study showed that most of the children and adolescents have a positive look at their family, considering it important in their social support network, and report the desire to return home, even facing situations of neglect on the part of their relatives. This is in line with other studies that show that, even though the family is considered the main responsible for the risk situation in which these adolescents are found, it should be seen as the best and most viable resource for coping with the problem, since family bonds contribute to the development and formation of the identity of children and adolescents [6, 14-16].

Social deprivation in relation to parents, associated with the deprivation that institutionalization imposes, as well as the need to adapt their identity, can make children and adolescents feel insecure, lonely and worthless [17]. Moreover, the shelter for long periods can generate fragility in family ties, being a factor that may reduce the chances of a successful family reintegration, in addition to negatively impacting the development of these subjects [6, 14].

As for the bonds with the siblings, when they are also sheltered, the relationship is considered stronger compared to those who do not reside in the shelter. Having siblings also sheltered is highlighted as something positive, since this factor is related to the prevention of depressive symptoms [14]. Furthermore, siblings are bonds of protection, care and play, and for this reason, conviviality and affective exchanges between these individuals should be favored [14].

Regarding friends, the study participants demonstrate that their circle of friends is substantially made up of schoolmates or other

residents in the home shelter. In the period of childhood and adolescence, relationships are commonly developed based on peers, that is, relationships are established with people who have similar characters, with whom they identify, making this network reduced. In this way, they develop friendships with other residents of the home shelter in order to make the period of shelter more bearable and even pleasant [14, 16, 18].

The shelter space, although little explored in the interviewees' speeches, can be considered as the most relevant support and security network for children and adolescents living in the home shelter and, thus, should be characterized by a dignified housing, with personalized service, besides being a provisional measure. When the shelter is necessary, it must enable significant interpersonal relationships to be established, as well as encouraging the maintenance of bonds with the family, growth, physical and psychological well-being of children and adolescents whose families were unable to offer for different reasons [5, 20-21].

The repercussions of institutionalization on the development of the sheltered depend on the organization of the service, respect for the individualities and the theoretical-practical skills of the professionals who work in this space. There is need to consider that children and adolescents sheltered at some point had their rights violated by family, society and/or State and require humanized and dynamic care from their particularities [19].

Children and adolescents separated from their families need more than just basic care such as food, hygiene and health; also need affective care, family and community coexistence, and the multiprofessional team of the institution must promote the rescue of the bond with the family of origin [20-21].

As for the relationship with the professionals of the home shelter, the speeches make evident the importance of these individuals in the support network of the sheltered, especially those who, regardless of the function they perform within the institution, establish a positive bond, adding values such as respect, honesty and affection with children and adolescents [22].

This may be related to the fact that part of the sheltered, for having lived in a context of violation of their rights, does not find in the parents or friends relations of trust and friendship, but in an employee of the institution itself, considering this

to be his/her main source of social and institutional support, able to play a role in the recovery of trauma and promote positive change [9, 19, 23].

Educators are the professionals who stand out in the statements of the participants and are figures of high relevance in the social support network of the sheltered by the proximity they have, since it is with them that children and adolescents most share time and experiences. Within a reality of institutional shelter, the caregivers are responsible for the care tasks, being present in the daily lives of the sheltered and participating in their constitution as subjects, in addition to offering support and promoting a space for family development [20, 22].

Therefore, professionals who work in the care of children and adolescents living at home shelter should be trained to meet affective issues, in order to ensure a humanized and comprehensive care of their needs [19, 22].

Another space belonging to the support network of the participants is the school, which constitutes an environment that, in addition to promoting learning, also offers emotional support to students from the figure of teachers/principals. Moreover, the school allows adolescents to experience new bonds of friendship and companionship, expanding the social space beyond the family [4, 15].

Although school is a fundamental element for the development of adolescents' relations, this scenario was little explored in the participants' speeches, making clear the impact that the pandemic had on the establishment of the bond with this institution. The adolescents' associations show that the model of remote education, carried out mainly through activities sent by the school, was not well accepted by them, who ceased to feel part of the educational institution. Thus, the dramatic changes imposed by the pandemic had a negative impact on the school context from the perspective of children and adolescents living at home shelter [24].

In addition, during the period of institutionalization, the child and adolescent should have all the rights listed in the Child and Adolescent Byelaw (CAB) guaranteed, including the right to health, and thus the shelter service should provide care to their sheltered, enabling medical consultations, tests, vaccination and other follow-ups [25].

Participants attend health services to monitor

chronic conditions and seek preventive care. Importantly, the home shelter should focus not only on the practices that result in the solution of the problems, but also on those that guarantee a general well-being to the sheltered. These health promotion actions should enable the sheltered to acquire knowledge about health care, prevention and adoption of healthy habits, especially hygiene programs, oral health and education for healthy lifestyle [25].

Considering that the shelter is offered only until 18 years of age, children and adolescents must be prepared for life after deinstitutionalization. Thus, the study participants report on the existence of a project that prepares them for the labor market. Projects, courses and other tools used to develop professional aptitude are very important for these subjects. These instruments allow the sheltered to identify an area of activity and approach it, being able to be included in the labor market more easily after deinstitutionalization [25].

Relations outside the home shelter are favorable, as they ensure opportunities for socialization [23]. Positive relationships, inside and outside the institution, favor the development of self-esteem and feelings of appreciation and acceptance, making these children and adolescents more confident, enjoying a significant emotional support, increasing autonomy and self-sufficiency [22].

A limitation of the study concerns the fact that the collection was developed in the period of the Covid-19 pandemic, which had an impact on the turnover of children and adolescents sheltered in the Home Shelter.

FINAL THOUGHTS

The enunciations of children and adolescents showed that the social support network is composed of people who give them, mainly, emotional support, including family members, friends and some Home Shelter professionals. On the other hand, the institutional support network consists of institutions that are part of the daily lives of children and adolescents, including the Home Shelter, the school, health services and the projects that the sheltered attend.

The Home Shelter stands out as a support network for the children and adolescents participating in this study. The institution follows the prerogatives of the CAB and contributes to the development of autonomy and care of children and adolescents, preparing them for the path after the institution and life within society beyond their physiological and affective demands.

The findings show that the use of the CSM from the CSD Talking Map was extremely relevant, since it allowed children and adolescents to verbalize about the existence or not of bonds, social and institutional support networks, as well as the latent memory about the shelter.

Sheltered children and adolescents should have spaces in health services for promotion, prevention and care beyond illness, finding emotional support in school before the positive impact of socialization with other children and adolescents, as well as public policies aimed at discussing the shelter and responsibility of the State and society with this population.

Finally, the findings of this study may impact on professionals who work with children and adolescents sheltered to seek constant and empathic updating to the emotional demands of this population, contributing to their development as subjects.

REDE DE APOIO DE CRIANÇAS E ADOLESCENTES QUE VIVEM EM CASA LAR

RESUMO

Objetivo: identificar a rede de apoio de crianças e adolescentes que vivem em Casa Lar. **Método:** estudo qualitativo, tipo descritivo e participativo, realizado com 12 crianças e adolescentes de 10 a 16 anos de idade que vivem em uma Casa Lar referência para essa população, localizada no sul do Brasil. Os dados foram produzidos entre agosto e setembro de 2021, a partir do Método Criativo e Sensível com a Dinâmica de Criatividade e Sensibilidade Mapa Falante. As enunciações foram gravadas, transcritas e submetidas à Análise de Discurso na corrente francesa. **Resultados:** a rede de apoio social de crianças e adolescentes é constituída por seus familiares, amigos e parte dos profissionais da instituição. A rede de apoio institucional é composta pela Casa Lar, escola, pelos serviços de saúde e projetos desenvolvidos em parceria com outras entidades. **Considerações finais:** a rede de apoio de crianças e adolescentes institucionalizados oferece suporte emocional, material, instrumental e informacional, sendo valorizadas as relações interpessoais às institucionais, o que evidencia a necessidade de que os profissionais que atuam nesse cenário sejam capacitados para atender as demandas físicas e emocionais, além de atuar em prol da integração social de crianças e adolescentes.

Palavras-chave: Saúde da Criança. Saúde do Adolescente. Apoio Social. Apoio Comunitário. Institucionalização.

RED DE APOYO DE NIÑOS Y ADOLESCENTES QUE VIVEN EN CENTROS DE ACOGIDA

RESUMEN

Objetivo: identificar la red de apoyo de niños y adolescentes que viven en Centros de acogida. **Método**: estudio cualitativo, tipo descriptivo y participativo, realizado con 12 niños y adolescentes de 10 a 16 años de edad que viven en un Centro de acogida referencia para esa población, ubicada en el sur de Brasil. Los datos fueron producidos entre agosto y septiembre de 2021, a partir del Método Creativo-Sensible con la Dinámica de Creatividad y Sensibilidad *Mapa Hablador*. Las enunciaciones fueron grabadas, transcritas y sometidas al Análisis de Discurso en la corriente francesa. **Resultados**: la red de apoyo social de niños y adolescentes está constituida por sus familiares, amigos y parte de los profesionales de la institución. La red de apoyo institucional está compuesta por Centro de acogida, escuela, por los servicios de salud y proyectos desarrollados en asociación con otras entidades. **Consideraciones finales**: la red de apoyo de niños y adolescentes institucionalizados ofrece asistencia emocional, material, instrumental e de informaciones, siendo valoradas desda las relaciones interpersonales hasta las institucionales, lo que evidencia la necesidad de que los profesionales que actúan en ese escenario sean capacitados para atender las demandas físicas y emocionales, además de actuar en pro de la integración social de niños y adolescentes.

Palabras clave: Salud del Niño. Salud del Adolescente. Apoyo Social. Apoyo Comunitario. Institucionalización.

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