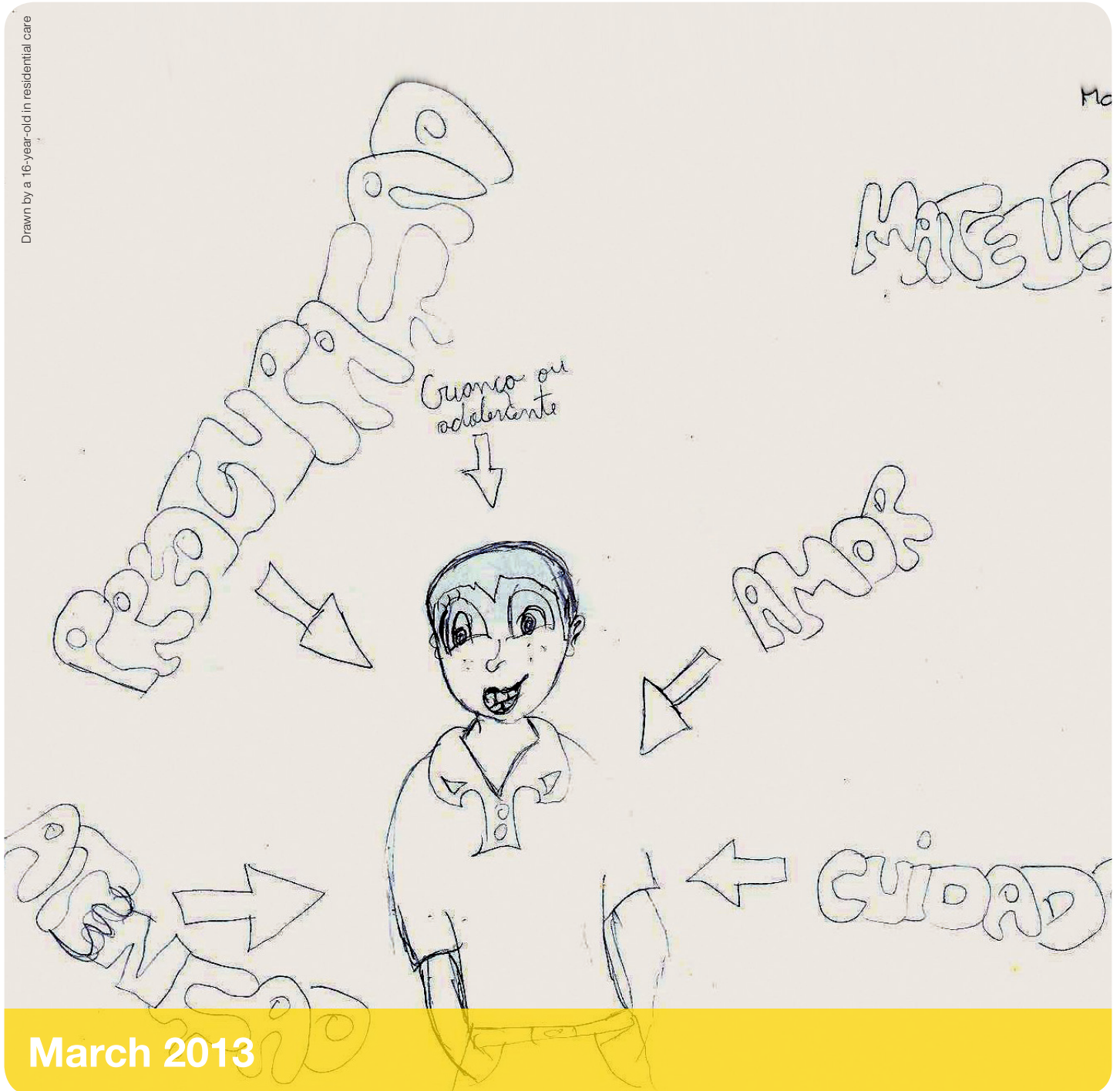




Drawn by a 16-year-old in residential care



March 2013

# Improving Social Work in Brazil

The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil

This report was written by Adriana Pacheco Graham on behalf of Family for Every Child and Association Terra dos Homens (ABTH).

Family for Every Child is a diverse, global network of hands-on national organisations with over 300 years' combined experience. We work with the millions of children in extended family care, in institutions, in detention, on the streets, as well as those without adequate care within their own families. We are a catalyst for global and local change. Our network provides a platform for sharing and amplifying the expertise of our members. We work with others who share our vision to enable significantly more children to grow up in secure families and access temporary, quality alternative care when needed.

Front cover image:

The drawing pictures a child or adolescent surrounded by the Portuguese words for 'concern', 'love', 'attention', and 'care'. He was interviewed for the research and asked to draw what he liked most about the place where he was living. When explaining the drawing, he said that all children need those things, regardless of where they are.

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# Summary

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## Introduction

Family for Every Child is a global coalition of national NGOs working to ensure that more children can grow up in loving and caring families, and have the option of a range of quality alternative care choices if needed. Brazilian Association Terra dos Homens (ABTH) is a Brazilian NGO and a member of Family for Every Child. ABTH promotes the right of children to live with their families in their own communities, by working to improve and strengthen families and communities.

Family for Every Child is working to improve social work provision (as defined in the box below) for vulnerable children and families around the world, ensuring that it builds on **strengths within existing systems** and is relevant to the local context. Towards this end, Family for Every Child member organisation, EveryChild, published a global literature review on social work in 2012.

The key conclusions from this literature review include:

- Social work for children and vulnerable families is woefully under-resourced and poorly valued in many settings. Training and support to social workers is also often inadequate.
- Approaches to social work often rely on individual case work, which may not be appropriate in settings where there are very few social workers, and where broader social transformation is needed.
- Social workers often focus on bureaucratic tasks, such as administration of social protection, which do not make the best use of their skills and capacities.
- Pockets of good practice exist in many countries and regions, mostly through pilot projects but sometimes established in national systems.

Following on from the literature review, Family for

### A definition of social work provision

“Services aimed at preventing children from losing parental care; supporting children without parental care (CWPC); and reintegration and support in the community for those previously living without parental care. We focus on those services provided or supported by the state as part of their responsibility towards children without parental care. These services include the following support to vulnerable children and their families and communities: gatekeeping; identification of appropriate placements; care

planning, assessment and review of CWPC's situations; provision and support of alternative care, including support to guardians/extended family carers, foster care and residential care; support to child-headed households; adoption services; services aimed at preparing children for leaving care or living independently and support in local communities (eg help with housing, employment, education) for those previously placed in alternative care. In addition, social services include community-based interventions and advocacy to support children and their families. Social workers will be the staff who provide, assess for, review or case manage social services.”<sup>1</sup>

<sup>1</sup> EveryChild, 2012, p. 10.

Every Child has developed a tool for assessing social work provision at the national or sub-national level.<sup>2</sup> This paper presents a summary of findings from the use of this assessment tool by ABTH in Brazil.

## Methods

The social work assessment tool uses:

- a review of existing unpublished and published reports and papers and interviews with key informants to gain an understanding of context
- interviews and focus groups using an Appreciative Inquiry approach (see below), which aims to identify and build on strengths in social work systems.

In Brazil, a total of 133 social workers, children and family members were engaged in these focus groups and in-depth interviews in two different municipalities: Foz do Iguaçu, in the state of Paraná, and Duque de Caxias, in the state of Rio de Janeiro.

The Appreciative Inquiry approach has been found to be especially valuable for assessing social work.

- It is **non-threatening** and has enabled us to gain access to and insights from a wide range of stakeholders.
- It is **revealing** – of both what works already, and the changes that stakeholders want.
- It is **empowering and transformative** – undervalued social workers like the opportunity to reflect on what is going well in their work, as well as the chance to talk about their dreams for how social work can be improved. Families and children also enjoy the tools used. The tool encourages all stakeholders to think about the changes they can implement.

## Background to social work in Brazil

Brazil is a global leader in child care reform, instrumental in the development and implementation of the Guidelines for the Alternative Care of Children, which were endorsed by the UN in 2009 (UN 2010). In recent years, Brazil has transformed its work with vulnerable children and families, moving away from a reliance on residential care towards a stronger focus on support to families. This work has included substantial investments in social work.

Social work support to vulnerable children in Brazil is organised according to several levels of 'complexity':

- Basic protection is primarily a preventative service which offers programmes, projects, services and cash transfers to individuals and families who are in socially vulnerable situations as a result of poverty, deprivation or discrimination.
- Special protection offers two degrees of support, for 'medium' and 'high' complexity cases', for families and individuals who are already in high-risk situations, who have had their rights violated due to abandonment, mistreatment, sexual abuse, or use of psychoactive substances etc.
  - 'Medium' complexity cases refers to social work requiring individual follow-up and more intensive support for those whose rights have already been violated, but for whom it is possible to preserve family ties.
  - 'High' complexity cases are where families and individuals are in high-risk situations, have had their rights violated, and need full protection outside the family environment, in alternative care.

Social workers in Brazil include 'social assistants,' 'educators' and 'psychologists' who all have different roles in supporting vulnerable children and families. Together,

<sup>2</sup> Making social work work – a toolkit for understanding and building on strengths in social work systems.

social workers are responsible for counselling families, administering social protection, and providing guidance and support in areas such as housing, employment and substance abuse. State-supported social workers most commonly use a case work approach, involving one-to-one case work with families and children. A case management approach<sup>3</sup> is also used to purchase services from private entities and non-governmental organisations. Social workers, particularly those working in basic protection, are commonly involved in the administering of social protection, and in providing accompanying support to those receiving cash transfers.

## Key findings

According to the data collected in this Appreciative Inquiry, social work in Brazil would benefit substantially if the following points were to be addressed:

- Senior managers are **appointed on merit** and have experience of the realities of social work (rather than as political appointees).
- The number of **social workers is increased**, at least enough to meet stated government commitments on staffing, and preferably enough to allow for intensive work with the families most at risk.
- In addition to the provision of guidelines, social workers also receive **improved and ongoing training** which focuses on supporting children and families.
- Social workers **spend less time on administration** including the administration of social protection.
- **Safe and friendly spaces** to operate benefit social workers and the families they support. These can also be used to provide leisure opportunities for vulnerable families and children, and a much needed escape from often violent homes and communities.
- The case work approach of intensive work with families is important for the most

vulnerable and at risk groups, but for other groups suffering from general poverty and deprivation, an approach which focuses on the **transformation of communities** may be more beneficial.

- The linkage between different sectorial departments (social assistance, health, education etc), NGOs and other key stakeholders is improved.
- Decision-making power is improved at local level, in the municipalities.
- More research at the local level (municipalities) is developed, guiding policies and service provision.

There is also much that is already good about Brazil's social work system. For example:

- Brazil has **impressive policies** on the protection and care of children that centre on family support.
- There is a **sophisticated range of provision** for children and families, including the opportunity for some families to receive one-to-one support.
- Poverty, and its impacts on care and protection, is taken very seriously, and responded to through **extensive social protection programmes**, supported by social workers.
- There have been impressive **reductions in the use of residential care**, and **increases in the number of social workers** in recent years.
- There is important, recognised and active participation of civil society, and encouragement of democratic networks such as national forums, to formulate and implement policies on family support and alternative care. This is a positive aspect considering the diversity and size of the country.
- There are numerous **examples of good practice** at the regional level, in areas such as capacity building and coordination, that could be scaled up at the national level.

<sup>3</sup> There are five main types of partnership between government and non-profit organisations: a transferring contract (when the government transfers the budget for an organisation to provide a service and has no other participation); a contract for the provision of services; an agreement (in which the government and an organisation work together to a certain extent, with each partner having clear roles); a public consortium; and administrative contract implementation or delivery. The responsibilities of each party vary considerably, from budget transfers with little interference on the delivery of work; a mutual partnership on the development of all activities; or total control in terms of the service delivered (Brasil, 2011).

- Many **social workers are deeply committed** to their work, despite being under-resourced.

## Ways in which social work could be improved further in the future

Theme	Vision	Possible ways in which social work could be improved further in the future
Policies, legislation and guidance	Social work legislation, policies and strategies are actively promoted at all levels of government and by NGOs, with government and NGOs working together to highlight, support and recognise the excellent practices developed by social workers, and to create high-quality social work services in all municipalities.	<ul style="list-style-type: none"> <li>• Brazil continues to involve a wide range of stakeholders in the development of legislation and guidance; celebrating achievements to date as well as enhancing efforts to confront problems.</li> <li>• Brazil matches its efforts to develop policies and guidance for social workers on the ground with increased resources and support.</li> <li>• The participation of both governmental and non-governmental organisations is amplified in structures that reinforce guidelines in order to ensure their implementation.</li> </ul>
The management and funding of social work	Social work has committed and qualified management	<ul style="list-style-type: none"> <li>• The excellent existing progress in Brazil is used to ensure that all municipalities have plans, councils and funds for social assistance.</li> <li>• Secretaries<sup>4</sup> in charge of social assistance have autonomy in the management of social assistance funds so that funds are used for social assistance and according to local needs.</li> <li>• Management of social assistance is improved; posts are appointed on the basis of skills and qualifications, rather than being political appointments.</li> <li>• Minimum standards of qualification and experience for secretaries and managers are established at the federal level.</li> </ul>
Infrastructure, safe spaces with opportunities for leisure and logistical support	Social workers have appropriate physical and emotional spaces where children and parents can access the services they need, and feel safe and comfortable enough to express themselves freely, as well as work to overcome their issues	<ul style="list-style-type: none"> <li>• Social workers can rely on having safe and friendly spaces in which to meet their clients. These spaces also offer opportunities for families for leisure and an opportunity to escape from often violent routine in communities.</li> <li>• Social workers can count on the support (technology, transport, materials) needed to work efficiently and effectively, and to create bonds with other departments and networks</li> </ul>

<sup>4</sup> Secretaries are the heads of social assistance departments at each level: federal, state, and municipal.

<p>The number of social workers</p>	<p>Services are provided by stable and complete teams of committed social workers, who are supported in developing their skills and knowledge.</p> <p>Effective administrative systems to support social work and help social workers to maximise the time spent with children and families.</p>	<ul style="list-style-type: none"> <li>• The number of social workers is increased, and the workforce is compatible with the needs of the population and includes a wide range of professionals contributing different skills.</li> <li>• The recommended ratio of families per social worker established by national guidelines is respected.</li> <li>• The administrative burden on social workers is reduced so that they can have more time to actually work with children and families.</li> </ul>
<p>The skills, commitment and attitudes of social workers</p>	<p>Skilled, qualified and trained social workers respect children and families, value and concentrate on strengths and work together with clients to reach their goals, hopes and wishes. They recognise that some families may need long-term support. Above all, they recognise that families and children value genuine personal relationships with the teams which help them.</p>	<ul style="list-style-type: none"> <li>• Social workers' existing commitment to their work and to maintaining strong bonds with clients is celebrated and supported. Proper management of social work is assured so that social workers maintain a professional focus, avoiding charitable actions and/or actions based on moral judgements.</li> <li>• Standards for the personal skills and characteristics required for social workers are elaborated and used in the selection process. These skills include: empathy, dealing with diversity, ability to manage conflict and ability to establish bonds.</li> <li>• Social workers are able to have sufficient time for one-to-one contact with children and their families, especially for more complicated cases (this links to the themes of 'infrastructure, safe spaces with opportunities for leisure and logistical support' and 'appropriate tasks for social workers').</li> </ul>
<p>Training and qualification of social workers</p>	<p>Skilled, qualified and trained social workers respect children and families, value and concentrate on strengths and work together with clients to reach their goals, hopes and wishes.</p>	<ul style="list-style-type: none"> <li>• Continuous training and qualification programmes in social services are implemented, supported by management and based on the needs of staff. This can include study groups which have been shown to be effective in Brazil.</li> <li>• University curricula are improved in order to offer better qualifications and training for graduates, particularly on working directly with vulnerable children and families.</li> </ul>
<p>Valuing and supporting social workers</p>	<p>Social workers are valued, strengthened, respected and supported in their need to develop their work; and can count on adequate salaries.</p>	<p>Many of the suggestions above and below, on issues such as training and qualifications, logistics and structure and numbers of social workers, for example, would potentially make social workers feel more valued. In addition:</p> <ul style="list-style-type: none"> <li>• Federal guidance on salaries for social workers across the country is established.</li> </ul>



<p>The tasks of social workers</p>	<p>Social services respond efficiently to local demands and vulnerabilities. Social workers adopt the appropriate approach depending on the setting and the needs of clients.</p>	<ul style="list-style-type: none"> <li>• Managers take into consideration the priority tasks social workers should fulfil; for example, social workers spending more time with children and families than being involved in administrative tasks.</li> <li>• In order for social work to be more effective, further investigation is needed on the kind of approach that is most suitable in local settings.</li> <li>• Without losing capacity for one-to-one contact with the most vulnerable children and families, the development of community work is further explored, as many of the problems that social workers are responding to (for example, violence in the community, scarce basic services, and poverty) are collective and not individual problems and may be dealt with more effectively by shifting to a more community-based approach.</li> <li>• The extent to which social workers are or should be involved in efforts to reduce household poverty, and the ways in which this can best be achieved, are considered. Some issues to consider may include: <ul style="list-style-type: none"> <li>- How much time social workers spend on administrating social protection/providing practical advice on employment and housing, vs time spent counselling families (with the recognition that this depends on the level of complexity of the cases).</li> <li>- How much time social workers spend on a case work approach of individual one-to-one contact with families and children vs time spent on an approach that encourages broader community transformation with a view to reducing poverty (with the recognition that this depends on the level of complexity of the cases).</li> </ul> </li> </ul>
<p>Continuity of provision</p>	<p>Services are composed of permanent staff, and the continuity of personnel cements trusting bonds with families and children, resulting in better outcomes in terms of overcoming clients' issues.</p>	<ul style="list-style-type: none"> <li>• Further research about the turnover of professionals in social services in order to identify the main issues leading to staff changes.</li> <li>• Management concentrates on efforts to retain staff by, for example, creating a good working environment, implementing action to value workers, signing formal contracts, requiring public contests for the recruitment of permanent personnel, and improving salaries.</li> <li>• Services are reinforced as permanent public policies by Municipal Councils of Rights as a strategy to guarantee continuity of provision</li> </ul>
<p>Linkages to other services</p>	<p>Ensuring the necessary support to provide assistance and positive future perspectives for families</p>	<ul style="list-style-type: none"> <li>• Networking between key stakeholders at the local level is improved through Municipal Councils of Rights</li> </ul>

and children requires that teams, agencies and organisations work together beyond department and ministry boundaries. Social workers actively support and promote work with other agencies and organisations to develop a support net for families.

- Coordination through national networks and forums to improve social work in Brazil, such as the National Working Group on Family and Community-Based Care, is maintained.
- Social assistance maintains its active role in the child protection system, linking up to different sectorial policies, NGOs and other stakeholders, aiming to pursue the integral rights of vulnerable children.

# Full findings

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## Introduction

Associação Brasileira Terra dos Homens (Brazilian Association Terra dos Homens) is a founding member of Family for Every Child. This is a coalition of 14 national non-governmental organisations (NGOs) from different countries involved in joint activities on advocacy, research, policy development and exchange of good practices, with the aim of helping more children grow up safe and protected in families, and supporting quality alternative care<sup>5</sup> where needed. ABTH and other Family for Every Child members have long engaged in supporting social work services, and have observed the lack of appropriate provision in a wide range of settings. The need to strengthen social services for children's protection is also being increasingly acknowledged by UN agencies and donors.

As part of efforts to improve social work provision, alliance member EveryChild commissioned Dr Andrew Bilson, Professor of Social Work at the University of Central Lancashire, UK, to complete a literature review on the role of social workers in responding to children without parental care.<sup>6</sup>

The literature review, published in January 2012,<sup>7</sup> explores the differing approaches and functions of social work around the world, and identifies gaps and challenges in current provision. It argues that, in order to better support social services, it is first important to determine which approach should be taken in a given setting, considering the value of case management or

market-based approaches, commonly used in the West, in comparison with more community-based models, used in some more resource-constrained countries. It also argues that governments and social work service providers must carefully consider the priority functions that social workers should fulfil in order to be most effective, and the kinds of training and support that these professionals need in order to work within a given approach or fulfil particular functions.

Following on from this literature review, Family for Every Child, together with Dr Andrew Bilson, has been working to develop a tool which aims to:

- build on strengths in the social work system
- identify feasible improvements
- develop a vision for high-quality social work
- build a movement towards implementation.

The tool uses an Appreciative Inquiry (AI),<sup>8</sup> action-based research approach which aims to identify and build on strengths in existing social work systems. The tool is designed for use by NGOs, UN agencies or governments in order to strengthen social services provision at national or sub-national levels.

ABTH is the first agency to test the tool, with the support of Dr Andrew Bilson and the Family for Every Child Support Unit. The tool was used in Brazil from March to May 2012.

**This report provides an overview of the main results of the investigation. It outlines the context of children without parental**

<sup>5</sup> According to the Guidelines for Alternative Care of Children (UN 2009, p. 6): "Alternative care may take the form of: (i) Informal care: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body; (ii) Formal care: all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures."

<sup>6</sup> According to the Guidelines for Alternative Care of Children (UN 2009, p. 6): "Children without parental care: all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. Children without parental care who are outside their country of habitual residence or victims of emergency situations may be designated as: (i) "Unaccompanied" if they are not cared for by another relative or an adult who by law or custom is responsible for doing so; or (ii) "Separated" if they are separated from a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative."

<sup>7</sup> EveryChild, 2012.

<sup>8</sup> To learn more about this approach see Elliot, C. 1999.

**care, alternative care and social work in Brazil found in a literature review, desk-based research, focus groups, and in-depth interviews. We hope the findings enable a consideration of how to improve social work, and are used both to improve local practices and to promote wider changes in social work policies.**

## Research methods

The investigation was carried out by two researchers<sup>9</sup> and two assistants<sup>10</sup> under the orientation of a lead researcher,<sup>11</sup> the supervision of Family for Every Child's Senior Policy Advisor,<sup>12</sup> and with the collaboration of ABTH's executive director,<sup>13</sup> as well as the assistance of the support departments of FFEC and ABTH.

It is comprised of a documental and literature review and desk-based research on the current social work system in Brazil, and focus groups and in-depth interviews based on the AI approach.

AI is a strength-based approach that creates a vision that focuses on strengths, opportunities and successes. Strengths-based approaches actively find, direct and amplify a system's capabilities and potential for positive functioning. Taking into consideration these aspects of AI, the application of the AI approach here attempts to:

- map the current system and identify where social work makes a positive contribution
- learn what works for children and families
- promote a shared vision for high-quality social work
- develop strengths-based programming of services for children without parental care

or at risk of being so

- identify and develop energy for change
- promote co-operative and collaborative planning

Focus group and interview discussions focused on the best and most successful experiences within social work. Participants were encouraged to explore and analyse these experiences and reflect on changes that could be implemented so that such successes could be part of their work routine.

Data was collected from March to April 2012. National and state data were collected to provide context. At the local level, focus groups and interviews using the AI approach took place in two municipalities, Foz do Iguaçu, in the state of Paraná, and Duque de Caxias, in the state of Rio de Janeiro.<sup>14</sup> The material collected and disclosed in this report has the participants' permission; however, identities of the participants are not revealed, as previously agreed with them.

- Sixteen focus groups and 26 interviews were conducted with key stakeholders, involving 133 people, as follows:<sup>15</sup>
- 58 social workers<sup>16</sup> working with vulnerable children and families (employed by both the government and NGOs)
- 15 social work managers, secretaries, and coordinators (responsible for social services)<sup>17</sup>
- 20 family members and 33 children in vulnerable situations who are clients of social work services (governmental and/or non-governmental)
- Seven other social workers, part of the System for Guaranteeing the Rights of the Child,<sup>18</sup> who work in key areas related to child protection such as the Childhood

9 Adriana Pacheco Graham and Alexandre Bárbara Soares.

10 Marcy Gomes and Luciano Ramos.

11 Dr. Andrew Bilson.

12 Emily Delap.

13 Claudia Cabral.

14 The choice of municipalities was based on the range of provision of social services for children without parental care, current political scenarios and discussions with local stakeholders.

15 See annex for tables listing participants.

16 Including social assistants, psychologists and educators, for example.

17 Among these were ten service coordinators, three municipal level managers, one state level manager and one federal level manager.

18 The System for Guaranteeing the Rights of the Child (Sistema de Garantia dos Direitos - SGD) constitutes the articulation and integration of public governmental bodies and civil society, in the application of regulatory instruments and the functioning of mechanisms of promotion, protection and social control for the realisation of the human rights of the child and adolescent on federal, state, and municipal levels (Brasil, 2006).

and Youth Court, Tutelage Councils,<sup>19</sup> and municipal councils for child and adolescent rights.<sup>20</sup>

The investigation and its preliminary results were presented and discussed in a round table that took place on 26th April 2012, with the following main objectives:

- validation of initial findings, and
- engagement of key stakeholders in order to build proposals for implementing changes.

The meeting was attended by 16 representatives of the Human Rights Secretariat (Federal Government), the Secretary of State for Social Assistance and Human Rights of Rio de Janeiro, the Municipal Secretary of Social Assistance of Foz do Iguaçu and Duque de Caxias; the National Working Group on Family and Community-Based Care,<sup>21</sup> and social workers from ABTH.

The study, its objectives and its methodology were welcomed by all of those present. The

event was very participatory with positive evaluations. However, the one-day time frame was considered insufficient. The vast majority of participants, including the researchers, recognised the need to hold a two-day event in order to fulfil the agenda, with proper assimilation of the content enabling participants to discuss and commit to concrete proposals for changes stimulated by the investigation. Follow-up discussions are planned with key stakeholders to further develop the research findings and suggestions provided by the research and it is hoped that this report will form a useful basis for these discussions.

The AI process was positively received by participants in the focus groups and in-depth interviews, and as demonstrated by this report, has led to useful findings on social work for children without parental care or at risk of being so.

Because of its positive approach, AI facilitated access to some stakeholders which otherwise would not have been possible. In addition, AI

### **Box 1: Examples of the impact of the AI approach on social practice**

After witnessing a focus group with children held at one residential care service, a social worker talked to the researcher about plans to improve children's participation. Listening to the children expressing themselves with clarity about their opinions and their lives within care enabled the professional to

reflect on the methodology used by the residential care service where the focus group was taking place, and on better ways to listen to children.

Another social worker came up with the idea of starting a discussion group with her team, since the focus group members had emphasised the desire to have such a space.

<sup>19</sup> Tutelage Councils were created together with the main federal law regarding children's matters (Statute of the Child and Adolescent, 1990). They are an autonomous (ie notsubordinate to any other state agency) and permanent municipal body responsible for protecting the rights of children. They are formed of members elected by the community for a four-year term. The number of councils varies according to need and to the population of each municipality; the existence of at least one per city, consisting of five members, is mandatory. The specific duties of a tutelage counsellor are listed in the Statute of the Child and Adolescent (articles 95 and 136); among them are: to support children and families, to provide orientation on the rights of children, to implement protective measures, to make referrals (to the judiciary, support services etc), advise the Executive in elaborating budget proposals for services and programmes, and to supervise services. It is considered the main gateway to the child protection system.

<sup>20</sup> Councils of rights are public spaces with diverse representation, taken equally from both state and civil society; they are deliberative and consultative in nature, and their function is to formulate and monitor the implementation of public policies. The councils are the main channel for popular participation found in the three levels of government (federal, state and municipal).

<sup>21</sup> The National Working Group (National WG) on Family and Community-Based Care came into existence in November 2005, thanks to a joint initiative from the United Nations Children's Fund (UNICEF) and ABTH, and soon after, the Special Secretariat for Human Rights, Camargo Corrêa and the C&A Institute. The National WG was established with the active participation of several governmental and non-governmental entities, gathering significant political and technical expertise focused on the development of policy, advocacy and practice exchange. Since its formation, the WG has brought together representatives from 44 organisations from all 26 of Brazil's states and federal districts. In the round table it was represented by Projeto Axé (NGO, Bahia), UNAMA (university, Pará), SOS Children's Villages (São Paulo), Department of Social Assistance (São Paulo), Terra dos Homens (NGO, Rio de Janeiro).

encouraged these people to open up because it is very non-threatening. AI seems particularly suited to exploring social work because social workers are often very undervalued and under-resourced and enjoy the opportunity to explore the positive as well as the negative elements of their work. With regard to governmental structures, which tend to take a defensive position when targeted in research, the AI approach was useful to overcome this. The approach helps these structures to recognise the positive elements of their work, and to explore what changes can be achieved even with limited resources.

The AI approach itself has also had an effect on those who have taken part in it. Some social workers reported that, inspired by the interviews or focus groups, they have conceived ideas to be implemented in their work: see Box 1.

Other individual projects and ideas that have also been suggested as a result of the focus groups using the AI approach include: attending public forums on child protection to advocate good practice; formalising requests to decision makers aimed at improving managers' work; for an international NGO, liaising with the heads of the organisation's different offices around the world to develop advocacy actions aimed at the right to family and community-based care.

This suggests that the AI methodology itself has transformative potential. A significant number of workers, children and family members have suggested or would like to be able to include others in the focus groups and even diversify the composition of groups. Some clients said that they had never participated before in 'such meetings' or been asked how they felt about social services, and enjoyed this opportunity.

Lessons learnt regarding the use of the AI approach include:

- It is very important that different stakeholders take part in the process right from the start. If decision makers or stakeholders at the top of the hierarchy do not feel engaged in the AI process, the possibility of substantial change decreases

- It is important to combine AI focus groups and interviews with a literature review to provide a proper understanding of context and to ensure that the gaps in provision are fully understood. It is valuable to do this right at the start of the process as this helps to identify key stakeholders and issues to explore.
- The emotional intensity of discussing positive stories can divert researchers' attention from fully considering areas for future improvement and problems to be overcome. This involves ensuring researchers devote time to understanding and clarifying the 'wishes' for improvement of participants in the focus groups.

## The context in Brazil

In this section we outline the context of the organisation of social work, children without parental care, and alternative care in Brazil and in the municipalities of Duque de Caxias and Foz do Iguaçu.

### Social work in Brazil

As a definition for social work, we use the same as Dr Andrew Bilson provided in his literature review:

*"Services aimed at preventing children from losing parental care; supporting children without parental care (CWPC); and the reintegration and support in the community for those previously living without parental care. We focus on those services provided or supported by the state as part of their responsibility towards children without parental care. These services include the following support to vulnerable children and their families and communities: gatekeeping; identification of appropriate placements; care planning, assessment and review of CWPCs situations; provision and support of alternative care, including support to guardians/extended family carers, foster care and residential care; support to child-headed households; adoption services; services aimed at preparing children for leaving care or living independently and support in local communities (eg help with housing,*

*employment, education) for those previously placed in alternative care. In addition, social services include community-based interventions and advocacy to support children and their families. Social workers will be the staff who provide, assess for, review or case manage social services.*"<sup>22</sup>

In Brazil, social work under this definition is commonly referred to as 'social assistance' and we will use the terms interchangeably in this report. Social work is carried out by professionals from varied disciplines and levels, but also in different agencies, such as: Tutelage Councils, municipal governments, federal, state and municipal social assistance secretariats, and the judiciary. NGOs and private organisations, through social responsibility departments, also deliver social work under formal partnerships with government or independently.

Staff teams are formed mostly of 'social assistants' and psychologists who perform different duties. Regarding children without parental/family care or in the process of losing it, the law Estatuto da Criança e do Adolescente - ECA (Statute of the Child and Adolescent) spells out the responsibilities of the teams involved in the implementation of protective measures when a child has his or her rights violated.

In Brazil, social work provided or supported by the state as part of its responsibility towards children without parental care is organised through a decentralised and participatory system constituted in the three spheres of government (municipalities, states, federal) by administrative structures (Ministry of Social Development and Hunger Alleviation – federal level, Secretaries of Social Assistance – state and municipal levels). The Councils of Rights formed by representatives of civil society and government are responsible for formulating and monitoring public policies.

Since its inception in the country in the 1930s,

the concept of social work has changed. With regard to children in particular, social work in Brazil began with a negative idea about families, especially the poor, who were seen as unable to educate and discipline their children. The state assumed a paternalistic/authoritarian role based on social control policies, characterised by large numbers of institutions for children (orphanages, boarding schools).<sup>23</sup>

In the last two decades, Brazil has increasingly been moving away from the widespread use of institutional care towards a more 'family-centred' model of social work. The 'family-centred' model<sup>24</sup> introduced in the current Política Nacional de Assistência Social – PNAS (Social Assistance Policy) (Brasil, 2004) and in the Sistema Único de Assistência Social – SUAS (Unified Social Assistance System, 2005) (Brasil, 2005) is the organising principle of all governmental actions, including work targeting vulnerable children. The family is conceived as the "affective nucleus, linked by blood, alliance or affinity ties, where the bonds circumscribe reciprocal obligations and mutual relationships organised around gender and generation relationships".<sup>25</sup> Thus social work with children in Brazil is also always social work with families. Brazil has a comprehensive legal and regulatory framework on social work/child care reform. The key documents relevant to vulnerable families and children without parental care are:

- The implementation of the Federal Constitution in 1988, ensuring the rights and well-being of children as absolute priority (CF, article 227) (Brasil, 1988);
- The approval of the Statute of the Child and Adolescent<sup>26</sup> Law 8069/90 and Law 12.010/09, regulating the rights of the child and being consistent with international guidelines on this matter;
- The National Policy for Social Assistance (2004), and its implementation through the Unified Social Assistance System (SUAS) in 2005 (Brasil, 2005), aimed at the

<sup>22</sup> EveryChild, 2012, p. 10.

<sup>23</sup> Rizzini, 2004.

<sup>24</sup> In this model the family is conceived as the core of society, conviviality and sustainability and should be supported in order to build the conditions needed to develop its role.

<sup>25</sup> Brasil 2005 p. 90.

<sup>26</sup> Law 8069/90 and its complement Law 12.010, which modified some articles in Law 8069/90.

universalisation of social rights for citizens and groups who are in risky situations. The Unified System defines and organises the elements for the implementation of the National Policy, enabling the regulation of services, and of quality, assessment and outcome indicators.

- The National Plan for the Promotion, Protection and Defence of the Right of Children and Adolescents to Family and Community-Based Care (Brasil, MDS/ SEDH, 2006), jointly written and approved by representatives of all levels of the government, civil society and international organisations based on the current legal and normative framework. This was an important landmark aiming to stop the culture of systematic institutionalisation of children and to strengthen integral protection and the preservation of family and community bonds.

In Brazil, the Unified Social Assistance System (SUAS) organises social assistance activities into two types of support: Basic Social Protection and Special Social Protection (see diagram 1). Basic Social Protection is provided through Social Assistance Reference Centres (Centro de Referência de Assistência Social - CRAS) and Special Social Protection is provided through Centres of Specialised Reference of Social Assistance (Centro de Referência Especializado de Assistência Social - CREAS) for children who are still in families, and through the alternative care and judicial system for children who are outside of families.



## Special social protection

For families and individuals who are already in high-risk situations, who have had their rights violated due to abandonment, mistreatment, sexual abuse, use of psychoactive substances, etc

### Basic Protection

Aims to prevent social and personal risks through offering programmes, projects, services and benefits to individuals and families in socially-vulnerable situations as a result of poverty, deprivation or discrimination

#### Basic care and support in the community

Delivered through 'CRAS' (Social Assistance Reference Centre)

### Medium Complexity

Social assistance work requiring individual follow up and more intensive support, for those whose rights have already been violated but for whom it is possible to preserve family ties

#### Specialised work with families

Delivered through 'CREAS' (Centre of Specialised Reference of Social Assistance)

### High Complexity

Aiming at those who have non-existent or weak family bonds, those in alternative care, living or working on the streets, and child labourers

#### Alternative care and reintegration to families/ adoption

Delivered through alternative care services (residential and foster care) and the judicial system

According to national guidelines,<sup>27</sup> the units providing basic support for 'at-risk' families and individuals (CRAS) should be proportional to the population size of municipalities assisting the surrounding communities. Similarly, the number of CREAS, the units dealing with more complex cases, varies by the size of the population and may cover a geographic area with more than two municipalities, by agreements among them. There are fewer CREAS compared to CRAS because there are less complex cases than at-risk families.

CRAS is the main entry point to the social assistance system. Its teams can be itinerant in areas of low demographic density. Its primary activities are: reception (a welcoming or orientation group, to ascertain what type of service is needed); assessment of a family's current situation; home visits; counselling and referrals; family groups; community activities; campaigns; information, communication and advocacy; promoting access to personal documents; promoting access to benefits, income transfer programmes and social services; mobilisation and strengthening social support networks, and development of family and community; socioeconomic registration, notification of vulnerability and social risk situations. Teams also actively search for those who need assistance, for example, children on the streets, to engage them in services. Being a preventive service CRAS should be focused on local needs and reducing risk factors among local populations. According to the government of Brazil, the services offered through CRAS, such as the Bolsa Família (Law no. 10.836, 09/01/2004) (Brasil, 2004) programmes, are now reaching a significant proportion of the population:

*"The programmes and benefits aimed at guaranteeing the right of income, for the first time in the history of our social policies, have achieved a scale which effectively approaches a universal scenario. The Programa Bolsa Família<sup>28</sup> (PBF) reaches out to 12 million families, thus benefiting a population of approximately 48 million people. The Benefício de Prestação Continuada<sup>29</sup> (BPC)*

*has already reached 3.1 million beneficiaries, out of whom 1.5 million are elderly and 1.6 million disabled people."<sup>30</sup>*

The Programa Bolsa Família (family allowance programme) is a programme of direct income transfers that benefits families in poverty and extreme poverty throughout the country as part of the Brazil Without Poverty Plan, which focuses on the 16 million Brazilians with family income lower than 70 reais/month (equivalent to US\$35 monthly), and is based on income and access to public services.

CREAS services have a close interface with the judiciary, state attorney, and with other entities and government actions. Medium complexity requires individual support, higher flexibility in protection solutions, and a specialised technical-operational structure. Its main activities are: reception, individual social studies and socioeconomic diagnosis; monitoring and evaluation of services; orientation (psychosocial, legal) and referrals to local service network; construction of individual and/or family care plans; communication and advocacy; family support in parenting skills; access to personal documents; mobilisation and identification of extended family; and working with and establishing links to the child protection network.

The forms of social assistance offered in Brazil vary by municipality. According to a survey carried out in 2009 by IBGE<sup>31</sup> on social assistance across the country, among the more widespread services offered in Brazil in the medium complexity category are those of the Eradication of Child Labour Programme – PETI (offered in 66.6 per cent of municipalities). Less than half of all municipalities in the country claimed to offer services supporting individuals and families who are victims of violence (45.6 per cent) and services confronting violence, abuse and sexual exploitation of children and adolescents and their families (39 per cent) (IBGE, 2010). This is despite the fact that all three of these services should be offered by CREAS according to federal guidelines.

27 Brasil, 2005.

28 Family grant.

29 Continuous benefit.

30 Brasil, 2009a, p. 3. Free translation.

31 Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística).

High complexity ensures full protection, accommodation, food, hygiene and protected work – through alternative care for families and individuals who find themselves without family connections and/or under threat, and in need of being removed from family and/or community. Reintegration is part of the activities carried out by high complexity social assistance, as is alternative care. The five types of alternative care services available in Brazil are: halfway house (transit houses, which provide short-term shelter until a more permanent solution is found), foster care, family-like care (children's villages), small group homes, and supervised independent living arrangements (for young people leaving residential care). Among alternative care arrangements for children under 18, small group homes<sup>32</sup> represent the majority (over 50 per cent) of types of care; transit houses and family-like care are similar in numbers. The use of compound-based children's villages has been progressively shifting to houses in the community in accordance with national guidelines.

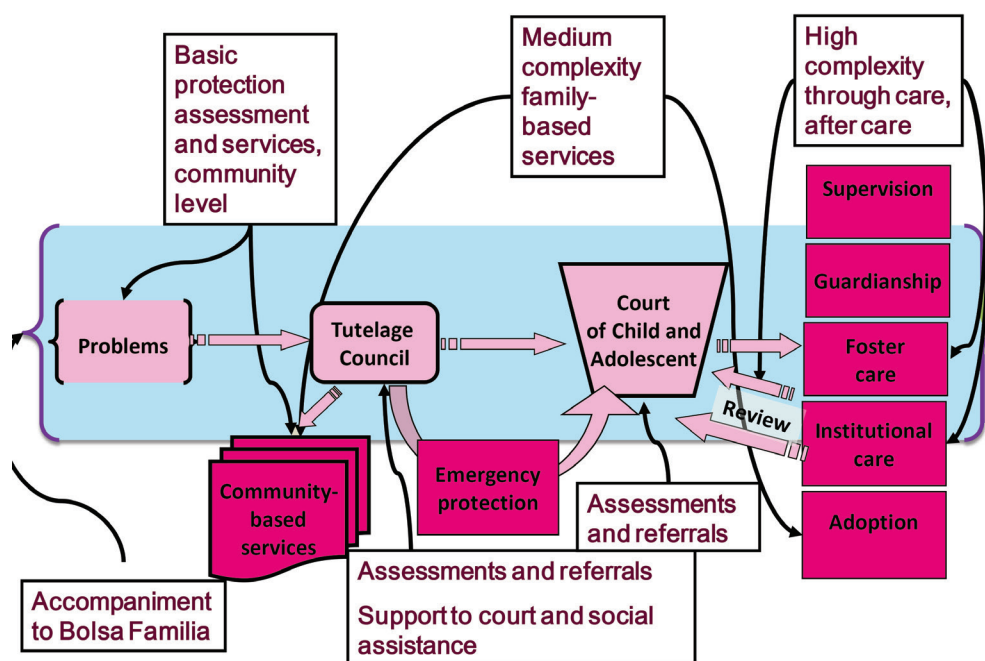
High complexity services are scarcely present countrywide when compared to other levels of care (basic protection and medium complexity). A quarter of the municipalities in the country

provide residential care for children and 9.2 per cent provide foster care according to an IBGE survey (2010). Neither Foz nor Caxias provides foster care. Foz recently reformed its residential care system and now delivers only family-like care (children's villages with independent houses in the community). Caxias did not provide information on this matter.

Supervised independent living arrangements for youth, an important alternative for those leaving residential care who do not have any family bonds, as well as for adults, is provided in under one per cent of municipalities in Brazil's five regions (IBGE, 2010). This type of care does not exist in the localities studied.

Regarding the child protection system as a whole (not just social assistance), Law 12.010/09 (Brasil, 2009) details its functioning which, in Brazil, has the judiciary as core, though judicial decisions are based on technical reports provided by multidisciplinary teams of social services and/or childhood and youth courts. These teams are mostly comprised of social assistants and psychologists. The map below summarises this system.

### Map of Brazilian child protection system showing points of social work intervention



<sup>32</sup> Note that because the country has been transitioning from a model of large institutional organisations in recent decades, there are group homes caring for a large number of children.

The map of the decision-making process concerning children without parental/family care or at risk of losing it shows overall the type of support offered by the teams in different bodies. It is possible to say that, based on legislation and social assistance guidelines, overall, social work teams focus their efforts on strengthening or restoring the child's original family bonds, regardless of which body they work for. Whether social workers work for social assistance, the judiciary or a tutelage council, each one with their own mandates, they should aim primarily for family reintegration as soon as possible. Ideally, staff from different levels of complexity work together in order to provide continuous support when a child transits through the different elements of the system.

## Social work and NGOs

A study<sup>33</sup> shows that in 2005 there were 338,000 private foundations and non-profitable associations in Brazil. It found 39,400 organisations providing social assistance, caring for the most vulnerable groups, such as children and the elderly poor, adolescents in conflict with the law, and the disabled, among others, representing 11.6 per cent of civil society organisations.

It is important to note that the study found that almost 30 per cent of the entities that have registered as social assistance services did not deliver services which would be classified as social assistance by the Ministry of Social Development. In other words, there are thousands of civil society organisations in the social assistance field working with vulnerable children, though there is not precise information about how many there are or exactly what they do.<sup>34</sup>

The distribution of civil society organisations does not follow the distribution of poverty in Brazil. While 47.5 per cent of Brazilians

with a per capita family income of up to half the monthly minimum wage in 2005 were in the Northeast, only 15.6 per cent of social assistance organisations were located in the region. However, the study referred to above points out that poverty is not the only one of the social vulnerabilities that determined the extent of assistance required. Other issues such as violence, abuse and sexual exploitation of children, and the number of people on the streets, also determined the extent of social assistance required, and these other problems are distributed throughout the country and often concentrated in the large urban centres of more developed regions. This may partly explain why the distribution of social assistance organisations does not necessarily follow the distribution of poverty.

According to another piece of research,<sup>35</sup> it was found that the highest proportion (59%) of civil society organisations provide services to vulnerable people or those at risk, followed by the disabled (30%) and people living on the streets (16%). With respect to age, approximately 51.7% of people were in a target age range of 15-24 years, characterising a prioritisation for services for youth. By age group, 0-6 years is the group with the smallest percentage of services, followed by 7-14 years.

## Social work approaches in Brazil

The literature review on social work carried out before this research was started found four main approaches on the provision of social work operating in different countries around the world.<sup>36</sup>

- The **case work approach** involves social workers working with individual cases, families or children, providing psychosocial and other support.
- The **case management approach** operates as a market system where the role of the manager is to deliver services

33 IBGE/ IPEA/ABONG and GIFE, 2008.

34 It is worth mentioning that in 2011 the Ministério do Desenvolvimento Social (Ministry of Social Development – MDS) started carrying out the Private Network Census which will enable information to be collected about service entities, assistance, and defence and guarantee of rights in terms of functioning, human resources, and allocation of resources. It is believed that all private socioassistance entities registered in municipal councils of social services are part of the census.

35 IBGE, 2007.

36 EveryChild, 2012.

through the payment/referral of a range of providers. In this case, the role played by the social worker is to assess needs, plan and manage the service package.

- The **community engagement approach** is when social workers work with children and families through engaging communities in order to provide support and services.
- In several countries, social work is also involved in **social protection**. Such public initiatives allow income transfer in order to protect marginalised people, reducing their economic and social vulnerability. Thus, the role of social work in this case may include management and, in some programmes, 'accompaniment', or support aimed at promoting wellbeing.

In Brazil, all these approaches coexist in the child protection field, varying according to the level of support or the mandate of the stakeholder who delivers social work. The desk-based research as well as the focus groups and in-depth interviews suggest that the **case work approach** prevails in government social services, as well as in the non-governmental ones that deliver alternative care through public contracts. The design and development of an individual plan of care aiming at family reintegration is a component of these services, according to the law, implying the importance of a case work approach in those cases. Thus, social work strategies to prevent children from losing parental and family care, and to support those who have, are mainly based on psychosocial support. In this sense, families and children are closely assisted with a systematic frequency, through home visits, interviews and referrals to appropriate services and programmes aimed at reversing the cause of the initial vulnerability or violation of rights.

The **social protection approach** is mainly used in the basic protection stream of social work through governmental programmes to transfer income to vulnerable groups, with significant coverage throughout the country. In recent years, social assistance has been developing strategies to make sure that income transfer programmes offer social and psychological support, as well as money.

Establishing conditions for families to receive the benefit (enrolment and frequency at school, attendance at medical appointments or a day centre, for example) has been seen as important for the identification of risk factors. If case conditions are not met by both families and service providers, suitable actions can be launched such as psychosocial support to reduce vulnerabilities, or calling the government to account to provide certain services.

In the municipalities studied, the **case management approach** is commonly used by the government through contracts with non-governmental organisations to offer residential care for children. Similar situations are observed nationally. The majority of residential care services are delivered by private organisations (65.3 per cent) through agreements with government, according to a national survey (MDS/FIOCRUZ, 2010).

Secondary research, interviews and group discussion in the two municipalities focused on in this investigation found that the **community engagement approach** appears to be the least used. Although innovative proposals have been spreading in the social field in recent years, this approach is not as visible as the others yet.

With regards to other stakeholders who are part of the child protection system, the teams of social workers from Tutelage Councils and the judiciary tend to mostly use the **case management approach**, relying on joint coordination with other stakeholders, especially the government and NGOs, for the provision of support services and other services such as psychosocial care.

## Children without parental care

There are 59 million children in Brazil. In Duque de Caxias there are around 266,000 children and in Foz do Iguaçu, 85,000 (IBGE Census, 2010). Overall, children under 18 make up around one-third of the population.

In accordance with the Guidelines for Alternative Care of Children (UN, 2010), children without parental care include those separated from

parents for any reason, under extended family care, formal and informal care. Meanwhile, according to Brazilian laws (Statute of the Child and Adolescent, amended by Law 12.010/09), a child under extended family care is considered as having preserved family ties, and therefore as being under family care. Being cared for by their family is conceived as the first option for children without their parents and is not considered 'alternative' in the sense of the Guidelines. This fact is firmly based on a culture in which, unlike in the northern hemisphere countries, members of the extended family – particularly grandparents and uncles – are viewed as providing similar care to the nuclear family, and the 'circulation of children'<sup>37</sup> among relatives is historically very common.

There is a lack of information on the total number of children without parental care at a national level and even locally. Data on those who are under formal care and on the streets are available through two important pieces of research recently developed by the Ministry of Social Development, the National Survey on Children and Adolescents under Alternative Care (MDS/FIOCRUZ, 2010), and the Human Rights Secretariat First National Census Research on Children and Adolescents Living on the Streets (META/IDEST/SDH, 2011).

## Children without family care

The research referred to above found **37,861 children living in formal care** (institutional and foster care) and **23,973 on the streets**.<sup>38</sup>

Most children living in formal care have family bonds preserved and are visited regularly. Among children on the streets, countrywide, most of them sleep in their family's or friends' houses. A minority sleep in street locations and an even smaller proportion usually sleep only in institutions and other places, or alternate between institutions and street locations. Thus, the majority of these children have family bonds

that can be strengthened by social work.

According to **age**, the majority of children in residential care are between six and eleven years old (35.7%), and the majority of those on the streets are from 12 to 15 (45%).

The great majority of children living on the streets are boys (71.8%), revealing a significant difference between **gender**. Among children in formal care there is no significant difference by gender.

According to **colour/race**, 72.8% of children on the streets are 'mulattos' (mixed race) and black and 23.8% are white (META/IDEST/SDH, 2011). Meanwhile, among children in residential care, 57.6% are black and mulatto and 41.1% white (MDS/FIOCRUZ, 2010). Similar rates are observed in foster care programmes.

There are significant differences regarding the number of children in residential care and on the streets according to different **regions**. For example, in the Southeast, the region with the largest population, the most resources, and the greatest social inequalities, there is the greatest concentration of children in institutions as well as on the streets. The Northeast, the poorest region in the country, has the third largest number of children in institutional care and the second largest number of children on the streets. These numbers may indicate the relation between social inequalities and children without parental care and care provision.

The census mentioned above (META/IDEST/SDH, 2011) shows that according to the perception of children on the streets,<sup>39</sup> who have parents, approximately half of them define their parent's economic situation as awful and bad. It is important to note that 'the family/responsible person lacking financial resources' appears as seventh and eighth in the ranking of reasons for placement in residential and foster care respectively. In a previous national survey

37 "The circulation of children can also be described as a migratory phenomenon, since it implies a movement from one home to another. We can say that in these moves children 'migrate' from one family to another." (In Serra, Márcia M. P., 2003, free translation).

38 The research defines 'children on the streets' as those who sleep or work on the streets and those who, while living on the streets, were temporarily placed in residential care for one or two days. Children living in institutional care for longer periods were not considered as being on the streets, but as institutionalised.

39 Number of children questioned: 2,151.

on residential care (Silva, 2004) this issue figured as the first reason for placement. Even though the scenario has improved, it is still against the precepts of the Statute of the Child and Adolescent, which state that poverty is not a reason for placing a child in alternative care.

The **top five reasons given for children being on the streets** are: verbal fights with father, mother, brothers; domestic violence; alcoholism/drugs; to get freedom; loss of housing by parents (META/IDEST/SDH, 2011).

The **five main reasons for children being in residential care**, in Brazil, as documented by the services that provide this care, are distributed as follows: negligence in the family; alcoholic/chemically dependent parents or person responsible; abandonment by parents or person responsible; other; domestic physical violence. Similar ratings are observed for children in foster care programmes, with the loss of both parents as the fifth reason.

In **Caxias**, negligence, abandonment by the parents or responsible person; abuse/suspicion of sexual abuse; physical or psychological abuse; conflict in the family environment; unsuccessful attempt at adoption; and alcoholic/chemically dependent parents/responsible person are the main reasons for placing a child in residential care (Child and Adolescent Module – Módulo Criança e Adolescente (MCA).<sup>40</sup> Meanwhile, in **Foz**, drug addicted parents, parents with mental disorders, family conflicts, and orphanhood are said to be the factors for separating children from their families (Municipal Secretary of Social Assistance – SMAS, Foz do Iguaçu).

## Alternative care

Over the past 30 years, the area of alternative care has undergone profound changes in Brazil. The country has actively endorsed the international movement with respect to the rights of children, in particular the right to family

and community living, affecting the design and provision of alternative care.

Efforts to reduce the institutionalisation of children in Brazil began in the 1980s due to evidence of the serious consequences of institutional care for child development and the high costs of institutions. National and international child rights movements led to the drafting of the Statute of the Child and Adolescent in 1990, a year after the Convention of the Rights of the Child. From then on, alternative care became legally conceived as an exceptional and temporary measure of protection that should only be resorted to when all attempts to keep children with their parents or extended family had been exhausted.

Residential and foster care are the two alternative forms of formal care foreseen by Brazilian law. As already mentioned, extended family care is not considered alternative care according to national law, since the child remains under the care of their family of origin.

Note that foster care was formally included in the Statute as alternative care only in 2009, by Law 12.010/09, although small-scale foster care programmes have been in existence for 30 years. This fact points out the reliance on institutional care and lack of investment in alternatives to it throughout Brazilian history.

According to the National Survey on Children and Adolescents under Alternative Care (MDS/FIOCRUZ), completed in November 2010, Brazil had 36,929 children in 2,624 **residential care services**,<sup>41</sup> and 932 in 144 **foster care programmes**. Foz do Iguaçu accounted for 86 children in residential care (children's villages) and 61 in subsidised custody<sup>42</sup> (SMAS, Foz do Iguaçu). In Duque de Caxias, 162 children were in residential care, while foster care is not implemented (Módulo Criança e Adolescente – MCA).

40 A virtual tool that gathers information on all children in residential care in the state of Rio de Janeiro, and is accessible to professionals.

41 64% were in residential care, 17% in transit centres, 14% in children's villages – houses in the communities, and 2% in children's villages – houses in villages.

42 This is a programme implemented in 2001, similar to foster care (placement in selected and trained families with supervision and financial support for children's needs). In 2005, due to the observation that most children were not reintegrated in the short term because of lack of material resources, the programme included family of origin (parents and extended family) as beneficiaries of assistance and financial support, temporarily.

In a one-year period,<sup>43</sup> 256 children were placed in formal care in Foz do Iguaçu;<sup>44</sup> among them, 117 were admitted to a transit house, meaning immediate and/or short term care. In the same period, 169 left formal care, among those 99 were in transit houses (SMAS, Foz do Iguaçu, April 2012). In Duque de Caxias,<sup>45</sup> 75 children entered formal care and 333<sup>46</sup> left during this period (MCA, April 2012). The numbers highlight a relatively fast-paced flow of children in the alternative care system. This situation is in line with changes imposed by Law 12.010/09 which established a maximum period of two years for a child to be under alternative care. Since then the reintegration process in alternative care has been intensified. It is important to say that this measure is valuable if associated with proper reintegration work. If not, there is a risk of children returning to the care system once reintegrated, causing serious harm to their development due to constant changes in care arrangements.

Less than 5% of children in residential care in Brazil have lost both parents while in foster care this figure is 11.6% (National Survey, MDS/FIOCRUZ, 2010). In Foz, 23 children in alternative care had lost their parents (eight in residential care and 15 in subsidised custody), representing 15.6% of children in alternative care (SMAS, Foz do Iguaçu). In Caxias, 2.5% of children in residential care had lost both their mother and father (MCA, April 2012).

There is no data available on children under extended family or kinship care as, as noted above, kinship care is not deemed a form of alternative care in Brazil. Kin may be legal guardians, temporary or permanent, or, most commonly, care for children informally, when parents are not in a condition to provide care. In Foz, the subsidised guardianship programme is a mix of foster care and kinship care. At the time of the research carried out for this paper, there were 49 children in this programme, under the care of a relative.

## Research findings

In this section we explore the findings relating to the collected data from desk-based research, focus groups and in-depth interviews. Each item is provided, in the end, with a statement that summarises a vision, an ideal scenario, for social work for children without parental care or at risk of being so, and suggestions on possible ways to achieve the envisioned scenario. The vision and proposals presented were formed throughout the whole process, starting in training sessions and being shaped in the focus groups, interviews and a one-day workshop with stakeholders at the end of the research. Some additional suggestions have been made following further analysis of the data by the research team. It is anticipated that the vision and suggestions will be translated into concrete next steps for action during a further meeting with stakeholders, or by any stakeholder who wishes to improve social work for vulnerable children.

## Policies, legislation and guidance

According to the current legal and regulatory framework, Brazil is at the forefront regarding child protection and related matters. According to some interviewees, the involvement of different social stakeholders, with the active participation of civil society in preparing and implementing instruments relating to child protection, has been especially valuable here.

The importance of clearly defined guidelines to back up policies on child protection, alternative care and social services was highlighted by social workers in the focus groups and in-depth interviews. They recognise that Brazil has a solid framework that, if put into practice in all the corners of the country, would lead to excellent social work. The implementation of existing policies and guidelines is one of the wishes most frequently mentioned by social workers.

The gap between what is written on paper and what happens in practice, observed in

43 01/01/2011 to 31/12/2011.

44 In Foz do Iguaçu there are 256,088 inhabitants and approximately 85,000 are children (information from a survey carried out by IBGE in 2010. The results are available at [www.ibge.com.br](http://www.ibge.com.br)).

45 In Duque de Caxias there are approximately 855,000 inhabitants and 266,000 children (IBGE Census, 2010).

46 Given the impressive number, it may represent a great effort to reintegrate children to their families, a difference in counting criteria or even a mistake in the system.



this investigation, shows that much remains to be done regarding the development of a social work system of excellence. Figures suggest that, in recent years, social service has 'physically' spread throughout the national territory, especially with the rapid launch of the national programme named Sistema Único de Assistência Social – SUAS (Unified System of Social Assistance, 2005) (Brasil, 2005). On the other hand, this programme has moved forward at a slower pace in terms of efficacy and quality.

While policies, legislation and guidance provide models of good practice, human resources (including numbers of professionals, their profile, and the training and support provided to them) and an effective support network were identified

in this investigation as deficient in Brazil.

An impressive volume of policy and guidance papers have been released in less than a decade organising the social assistance system (as a glance at the 'reference' section of this report attests). On the one hand, such efforts at improving social work are very welcome. On the other hand, these policies and guidelines still need to be better adapted and implemented at the local level; in addition, field social workers are overwhelmed with caseloads, scarce resources and challenges adjusting to frequent changes in processes and routines, among other things. The remainder of this paper examines the changes that need to take place to put policies and guidance into practice.

## Vision

Social work legislation, policies and strategies are actively promoted by all government levels and by NGOs who work together to highlight, support and recognise the excellent practices developed by social workers, and to create high-quality social work services in all municipalities.

## Possible ways

Brazil continues to involve a wide range of stakeholders in the development of legislation and guidance, celebrating achievements to date as well as enhanced efforts to confront problems.

Brazil matches its efforts to develop policies and guidance for social workers on the ground with increased resources and support.

The participation of both governmental and non-governmental organisations in structures that reinforce guidelines, such as Councils of Rights, is amplified in order to ensure their implementation.

## The management and funding of social work

Social assistance in Brazil is guided by federal level plans and policies. States and municipalities are supposed to use these at the local level as a basis for implementing their service network. They must do this to receive funds from the federal level, through co-financing, which is used in addition to locally generated funds for social assistance.

According to a survey carried out in 2009, over 90 per cent of municipalities in the country

had municipal plans for social assistance, a municipal council for social assistance, and a municipal fund for social assistance (IBGE, 2010). Overall, the first establishes guidelines for provision of social services. The second brings together government counsellors and civil society representatives and is responsible for planning, monitoring and implementing policies. The municipal fund gathers resources for the provision of services.

Regarding municipalities with a Fund for Social Assistance, in almost half of them (47.6%),

the allocation of funds was the mayor's responsibility; in 42.6% it was the responsibility of the secretary (manager in charge of municipal social assistance secretariat) or equivalent; in 7.5%, it was the responsibility of the secretary of another area, such as education or health. Note that in one of the municipalities that took part in the research, research participants emphasised the importance of autonomy: for the Secretary in charge of social assistance to manage his or her own Fund for Social Assistance. If not, the funds to provide social services may be used for other purposes, or not according to social priorities. In 2009, 87.3% of the municipalities reported receiving federal and/or state co-financing for social assistance provision. Of these, 97.6% had federal co-financing and 44% had state co-financing according to the survey (IGBE, 2010). According to this survey, in 2009, almost all municipalities (99.9%) had an organisational structure to deliver social assistance, and in around 70% of municipalities there was a department dealing exclusively with social assistance (IBGE, 2010).

Figures indicate that management positions in social assistance are not necessarily related to specific skills. In 2009, in almost a quarter of the municipalities which had an independent structure for social assistance, this was run by the mayor's wife; among them, 52.6% did not have a university degree. There is no evidence on the impact of this management profile on the service provided to the population; however, social workers in one of the municipalities that was part of this research highlighted in focus groups and interviews that having managers who were trained and had experience in field work had a positive effect on the overall functioning of the Secretariat of Social Assistance. Secretaries with greater management experience were seen as more likely to take actions valuing social workers and improving the services provided to the public. In one focus group, it was argued that managers should be appointed because of their knowledge rather than nominated for political reasons, so that they would be assuming a position for which they had the required responsibility. The group highlighted the importance of field knowledge to be an accountable and efficient manager.

## **Vision**

Social work has committed and qualified management.

## **Possible ways**

The excellent existing progress in Brazil is leveraged to ensure that all municipalities have plans, councils and Funds for Social Assistance.

The Secretary in charge of Social Assistance has autonomy in the management of social assistance funds so that funds are used for social assistance and according to local needs.

The management of social assistance is improved; posts are appointed on the basis of skills and qualifications, rather than made as political appointments.

Minimum standards of qualification and experience for secretaries and managers are established at federal level

## Infrastructure, safe spaces with opportunities for leisure and logistical support

Infrastructure and logistical support are detailed in federal guidelines. 'Technical Orientations: Alternative Care for Children and Adolescents' (Brasil, 2009b), for instance, gives detailed information on standards for delivering alternative care based on good practices.

Being able to count on material, technical and human support to work was reported by a large number of social workers in interviews and focus groups as critical for the best development of social work in contexts where, commonly, one deals with a lack of vehicles and computers and a work overload for social work teams.

According to the focus groups and interviews, infrastructure and logistical support are closely linked to the 'valuing of professionals'. For example, one manager said that the refurbishment of office headquarters is important to provide a pleasant environment for workers and clients. In another situation, a newly launched CRAS visited by the researchers presented rooms decorated and painted in a cheerful and lively way: a source of pride for the team, who are happy to be offering comfortable facilities for the public. For clients who are facing a difficult daily life, friendliness and good facilities are longed for.

Material support for their work is a common wish among social workers to both make their own work more functional and effective and to offer better conditions for children and families. The professionals also would like to have a vehicle available to visit families and to meet with network partners; integrated computer systems for storage and sharing of information; and rooms for individual and group sessions with clients. They feel that this is important to optimise time, and work results. The importance of individual attention so that families can explore their problems in private, and of a close relationship with the professional who works with them, was remarked on by both families and social workers.

*"It is good when we have a nice room for individual service, isn't it? Because we do not feel like talking about certain stuff in front of a bunch of people."* (Mother supported by CREAS)

*"My dream is that the physical space of the Tutelage Council would be a cheerful, colourful and lively place."* (Tutelage counsellor)

Some family members expressed a need for spaces in which they could develop bonds and escape from their hard and often violent daily life. Many participants aspired to social work which expanded clients' horizons beyond their communities and towards culture, leisure, and enjoyment of life.

*"I wish I could dance."* (A mother supported by an NGO expresses her desire to engage in activities that can take her away from routine; dancing makes her feel good about herself)

In communities in need of resources, with high rates of violence, extreme poverty and where street space may represent danger, safe spaces managed by trained adults represent an important support for children and families. In social projects, children and families develop friendships, enlarge their experiential repertoire, and dream.

Such spaces and their resources (material, transport) can also provide children and adults with much-needed leisure opportunities and new experiences: very important for those who, most of the time, only know the community where they live.

*"Here I like reading; I get a book and take it home. I never have a book at home and here I can get one."* (Child supported by an NGO)

*"I like the weekend here more because all the children from other homes come and we play."* (Child in residential care)

*"A marvellous day for me was when I was at the finals at an Aikido tournament (it was on the coast) and I saw the beach for the first time."* (Adolescent in residential care)

Among children and families, wishes for better structured services were highlighted. An adolescent who has been in residential care for six years wishes to:

*“...Improve financial matters to offer more courses; and increase the wages of the caregivers – it’s hard work because they are available 24 hours to ‘repair’ conflicts and to look for resources for children and adolescents.”*

Children in residential care, in particular, glimpse dreams of more activities, festivities, visits, and tours, in amongst the institutional routine.

The speed of action and communication is important in child protection, both in the front line dealing with cases, and in networking, advocacy

and policies. A social worker’s personal skills, such as proactivity and creativity, are said by participants in focus groups and interviews to be important in this matter. Technology was mentioned as an ally in order to promote more speed and communication between different parts of the system (workers, services, departments, network etc). At the national level, a virtual email group consisting of members of the National Working Group on Family and Community-Based Care maintains the bond and information flow in the group. The continuous information and knowledge exchange throughout the country feeds the group’s personal and organisational relations. It is considered by all to be a valuable tool.

## Vision

Social workers have physical and emotional space where children and parents can access services when they need, and feel safe and comfortable about expressing themselves freely, as well as working to overcome their issues.

## Possible ways

Social workers can rely on having safe and friendly spaces in which to meet their clients. These spaces could also offer opportunities for families for leisure and an opportunity to escape from often violent communities.

Social workers count on the support (technology, transport, material) needed to work efficiently and effectively and to create bonds with other departments and networks. The virtual email group of the National Working Group on Family and Community-Based Care was cited as a good example.

## The number of social workers

The implementation of the Unified System of Social Assistance (Brasil, 2005) resulted in the inclusion of more social workers and para-professionals (psychologists, educators, lawyers) in both the basic protection services provided through CRAS, and those of specialised protection, through CREAS.<sup>47</sup> In absolute terms, there was an increase of 30.7 per cent of people working in this sector between 2005 and 2009

(IBGE, 2010), which represents an important increase, but, as argued below, still below the necessary requirements. It is noticeable that despite this increase, in 2009, less than five per cent of municipal public servants were working for social assistance departments.

In April 2012, Brazil had 94,538 (graduated) registered social assistants in the Regional Councils of Social Service. Of this number, however, there is no systematic information on

<sup>47</sup> According to IBGE (2010), graduates working in social assistance were distributed by area of study as follows: 19,006 social workers, 7,834 psychologists, 6,487 teachers, 1,420 lawyers, 1,141 administrators, 585 nutritionists, 560 nurses, 517 occupational therapists, 455 accountants, 429 sociologists and 229 physicians, among others.

how many of them work in the social assistance field. A national survey<sup>48</sup> found 236,100 registered psychologists throughout the country in 2010. According to an IBGE survey (IBGE, 2006), 5,807 psychologists were found working in CRAS and CREAS. Roughly, we could estimate that fewer than five per cent of psychologists are working in the social assistance field.

The provision of social assistance services is widespread as demonstrated by the high percentage of municipalities that offer services of basic social protection (97.9 per cent) and special social protection (87.6 per cent) (IBGE, 2010). This increase in numbers reached through social protection programmes such as Bolsa Família in the past few years has not been followed by a matched increase in human resources.

In Brazil, guidelines<sup>49</sup> establish the composition and number of staff members in social assistance services. The composition of CRAS and CREAS teams will also vary by the size of the municipality; for example, a CRAS team (basic protection) working with up to 2,500 families is supposed to be composed of two non-graduate workers, two graduate workers (one social assistant and one psychologist), and a coordinator (graduate, public servant,

experienced in community work and in managing social projects). A CREAS team dealing with more complicated case work with up to 50 families or individuals is supposed to consist of seven members (one coordinator, one social assistant, one psychologist, one lawyer, two graduate or non-graduate professionals to approach clients, and one administrator). The cases managed by CREAS are complex and usually involve the judiciary, which explains the need for a lawyer in the team (Brasil, NOB-RH/SUAS, 2007).

In Foz do Iguaçu and Duque de Caxias, the number of CRAS and CREAS units are at least the minimum required by guidelines. But, according to discussions which took place during this AI, they do not seem to respond adequately to local needs, which may be related to their being understaffed. The table below shows the number of CRAS and CREAS units and social workers as recommended by national guidelines and the actual number of CRAS and CREAS units and social workers in the municipalities that were part of this investigation. The table suggests that although in both settings the number of CRAS and CREAS units exceeds the recommendations made by law, the number of social workers is often less than is required by law.

48 Bastos, A. V. B., Gondim, S. M. G., and Rodrigues, A. C. A., 2010.

49 Basic Normative Orientations on Human Resources; Technical Orientations: Alternative Care for Children and Adolescents (High Complexity), Technical Orientations: CREAS (Medium Complexity) and Technical Orientations: CRAS (Basic Protection), in addition to other material referring to the Unified Social Assistance System (SUAS) (NOB/RH; Orientações Técnicas: Serviços de Acolhimento para Crianças e Adolescentes (Alta Complexidade); Orientações Técnicas: CREAS (Média Complexidade) e Orientações Técnicas: CRAS (Proteção Básica).

	Duque de Caxias		Foz do Iguaçu	
	Number required by law	Actual number	Number required by law	Actual number
CRAS	At least 4	7	At least 4	4
Social assistants	14	14	10	7
Psychologists	7	7	5	3
Educators	Not specified	Not specified	16	8
Others	14	Not specified	Not specified	13 (coordinator and trainees)
CREAS	At least 1	3	At least 1	4
Social assistants	6	6	14	4
Psychologists	6	4	14	5
Educators	Not specified	Not specified	30	21
Others	27	11 (coordinator, administrator, lawyer, trainee, educator)	9	7 (coordinator, administrator, lawyer, trainee)
High complexity				
Social assistants	Not provided	Not provided	8	7 (one works in two services)
Psychologists	Not provided	Not provided	8	6 (working in two services)
Educators	Not provided	Not provided	11	11
Others	Not provided	Not provided	Not specified	17 (coordinator, and auxiliaries)

Basic protection in Caxias is in accordance with guidelines while medium complexity is missing some positions. Foz is currently missing workers at all levels. The basic protection team is complemented with trainees. Just half of the positions of educators in basic protection and social assistants and psychologists in medium complexity were fulfilled at the time the investigation was carried out. In Foz, alternative care is very close to the guidelines in terms of human resources. Not all posts were filled when the investigation was carried out, because of recent changes in staff but, according to management, this would soon be resolved. Related to this is the fact that alternative care services are provided by NGOs through public contract. In order to make an agreement on providing services, organisations are urged

to meet requirements regarding physical and human resources, respecting the national guidelines as the base for these agreements. So in this situation, the case management approach proves to be more efficient in terms of providing ideal personnel and facilities for children who are in alternative care.

The gap between the number of social workers required by law/policy and the actual numbers of people employed in services as observed in the research suggests an overload of work and the underperformance of assignments. Some professionals who took part in the investigation reported that they were carrying out duties that they should not, due to a shortage of staff. Some bureaucratic functions that could be performed by professionals from other fields

were occupying some of the psychologists' and social workers' time, compromising their social work time with families and children, according to focus groups and in-depth interviews. One particular CREAS is reported by one interviewee to have an exclusive administrative team, allowing social workers to focus only on providing services to children and families, and this is seen as a positive model.

Most professionals who took part in this research wanted a full and trained team to meet the demands and needs of clients, which vary according to the complexity of cases. One social worker is emphatic:

*"We managed to support this family this way (weekly) because at that time we had a complete team and we were performing a systematic service with all the families."*

## Vision

Services are provided by stable and complete teams of committed social workers who are supported in developing their skills and knowledge.

There are effective administrative systems to support social work and help social workers to maximise the time spent with children and families.

## Possible ways

The social assistance area amplifies its workforce, which is compatible with its needs and includes a wide range of professionals.

The recommended ratio of families per social worker established by national guidelines is respected.

The administrative burden on social workers is reduced so that they can have more time to actually work with children and families.

## The skills, commitment and attitudes of social workers

*"Without respect for others it is not possible to develop good work in the social field."* (Social worker, CRAS)

Minimum requirements for staff are defined by guidelines (Brasil, NOB-RH/SUAS, 2007) in social assistance, however these are limited to level of education; there is no specification whatsoever on the skill level required to perform different duties. The criteria for certain positions is limited by schooling, for example, a bachelor's degree in social work. The 'Technical Orientations: Alternative Care for Children and Adolescents' (Brasil, 2009b) is one exception to this and

specifies certain personal characteristics to be observed when selecting staff for alternative care. These criteria were based on the National Working Group<sup>50</sup> discussions about the importance of personal skills for professionals who work with families and children. In addition to requisites such as education, work experience and minimum documentation (personal documents, record check, physical and mental health assessment), the selection process includes psychological and social assessment: analysis of background history, individual interviews and group activity.

*"Desirable characteristics for candidates are: motivation for the job, an ability to care for children and adolescents, ability to cope with frustration and separation, the ability to work in groups, bonding*

<sup>50</sup> See footnote 21.

*availability, empathy, ability to handle conflict, creativity, flexibility, tolerance, proactivity, listening skills, and emotional stability, among others. For coordinators, it is desirable to have leadership and management skills.” (Brasil, 2009, p.62)*

Focus groups and interviews demonstrated that personal skills are crucial for social work. The importance of strong interpersonal relationships between social workers and their clients was constantly mentioned in interviews and focus groups, by professionals, children and family members, in a wide range of ways. They highlighted the importance of:

- caring
- being honest and clear
- the ability to interact
- empathy
- listening
- bonding
- protectiveness
- seeing beyond stereotypes
- accepting difference
- respect
- positive outlook
- investing in clients’ strengths
- being persistent, and
- being patient (“once again, once again....”).

When an educator speaks of the transforming effects of his genuine listening to the life stories of an adolescent who was under social educative measures; or a couple mentions a social worker as an ‘angel’ due to the changes that have taken place in their lives since they began to receive support from CREAS; or a child remembers the attention she received when placed in residential care, they all speak of a positive relationship between workers and their clients.

*“The difference here is the whole. Everyone helps you... psychologist, social worker, administrator... as [much as] possible. They listen, care and are concerned about you. They watch your needs. It is great, as if I was in a family.” (Adolescent in residential care)*

For children being **taken good care of** is by far the most important thing, and that means being heard, and treated with patience. Among family

members, **honesty** is highlighted a significant number of times, which may reflect bad experiences with social workers in the past.

Being **non-judgemental** was very frequently mentioned by social workers. This is about the need for the professional to avoid prejudgements and prejudices concerning families and their capability to care for children, and to face each situation as unique. It is also about respecting families’ choices and the tiny improvements they make, which can be different from social workers expectations.

*“If you do not place yourself in the other’s shoes, you will end up judging them with your values.” (Psychologist, residential care)*

**Valuing families** is a core principle for social work in Brazil and an important skill for social workers. It deserves distinction due to the frequency with which it appeared in focus groups and interviews among social workers. It holds different meanings: belief in the family and in family care potential; in the value of the intra-familial bond; and investment in the positive, in families’ competences.

**Persistence** was considered by several social workers as a critical matter for the success of interventions in chronic and multi-problematic cases.

*“The [client’s] best is not always what you expect it to be.” (Psychologist, residential care)*

*“In relapse times [into damaging behaviour] we should work with more emphasis.” (Management, secretariat of social assistance)*

*“When we want to develop the competences of children, we achieve it through perseverance.” (Psychologist, residential care)*

**Commitment** is another significant topic mentioned in the focus groups and interviews, in terms of both social and personal commitment. Box 2 demonstrates a story of commitment and investment in family potential. Many social workers argue that: “It’s not for everyone.” As a caregiver in residential care says:



*“Nobody works only for a wage in this area ... It is only for those who like it, because you do it for love.”*

Nevertheless, commitment can place a burden on social workers, affecting their personal lives and even resulting in charitable actions. Bonding with clients may go beyond the role of social worker. A story told by a social worker exemplifies this point: a family, who were clients of a CRAS, hadn't eaten for two days. They found out that the social worker lived near to the service and went to her place to ask for food. The worker opened the door of her house and offered the family dinner. Such an attitude led her to think about professional and personal boundaries in the social field.

*“I stay up until 2 am dreaming about activities for my team.”* (CREAS coordinator speaking about how her work affects her life)

*“I think the professional should like what he does, otherwise there will be consequences for the adolescent and for himself.”* (Adolescent in residential care discussing the commitment that social workers should have)

*“In this work it's impossible to not get involved: we're talking about people, about human beings.”* (Social worker for an NGO, explaining her commitment to families)

In-depth interviews revealed that for a number of interviewees, the motivation to engage in the social work field was explicitly and directly based on their own life experiences. For example, the counsellor who one day needed support from a Tutelage Council, but did not get any help, and decided to work there in order to support those in need; the psychologist who had a humble childhood, saw friends dying due to involvement with drugs, realised that one's destiny is not set beforehand and started to work with adolescents in conflict with the law; the manager who, since he was at school, got involved in social projects maintained by a Catholic school and dreamed about making a difference in the life of an increasing number of people; and the social worker who was a mother through adoption and sought, in her work in residential care, a way to help children to be cared for by families, whether biological or adoptive.

It can be seen that professional performance and commitment are related to a person's life experiences and also to their way of understanding the world in general, and those with whom they will be working in particular. It is evident, therefore, the importance of qualification, training and constant reflection on practice in order to cope with possible actions based on preconceptions and moral judgements.

## Box 2

One family, composed of a couple and their six children, has been supported by a CRAS since 2009 due to the fact that the children were not in school, and their parents weren't taking them for routine medical appointments; the parents were struggling with poverty and drug addiction. In 2011, the 33-year-old mother was the victim of a cerebral vascular accident and was bedridden, with no likelihood of having an independent life again. The father was addicted to drugs and alcohol and very ill due to the alcohol. The CRAS team worked very closely with the family to improve their situation. [The CRAS team was responsible for this family and provided linkage to other services when necessary; CREAS eventually became involved also].

*"Each one performed his/her role: Tutelage Council, prosecutor, manager, CRAS, CREAS",* as a CRAS team member explained. Great efforts were made by the whole team. They involved the extended family in another state. Due to the impossibility of the mother taking care of the children, the extended family organised

themselves to shelter them and thus, despite parents and children being separated, they keep continuous contact. The social worker bonded a lot with the mother and believed in her potential, even if it wasn't obvious. To enable the family to keep the benefits provided by the government, she took a notary clerk to the residence to attest to the mother's mental health. On that day, she could not establish communication. The professional spent hours with her, investing all she could, telling her she believed in her, that she needed to answer the official to make sure that the benefits continued for her children. She fed her and prepared her, and when the notary clerk arrived, the woman managed to establish communication and to ensure that the benefits were continued. The social worker looked for a health professional (an area with which CRAS historically had relationship difficulties) who she considered more accessible and managed to get him involved, as well as others who discredited the capabilities of the mother. To act in this case, she practiced all her proactivity, articulacy and capabilities to weave a support network for this family.

**Meeting face to face** with stakeholders, work colleagues, families or at meetings between families was valued as a strategy for bonding, communication, empowerment, and for breaking down barriers and resistance. In the stories told, open discussion led to knowledge and action. The face-to-face meetings to discuss progress and care options, at home visits for support, in meetings between managers and social work teams or between members of a network, for example, have a positive impact for all parties involved

*"It is in the coffee break conversations that you discover how one can help the other."* (Social assistant, CRAS, speaking about the importance of bonding with other stakeholders)

The dedication of the professionals who are in this area moves them so passionately that they manage to do much with the little they have (shortages of staff and materials etc).

As can be seen, interpersonal skills are important, and a close interpersonal relationship between social workers and clients is valuable. This investigation demonstrates extensive examples where those aspects have been crucial for positive outcomes. It also reveals that it has been hard for social workers to develop and maintain such strong bonds due to an overload of cases (scarce human resources) and training (see next topic). Because of strong personal motivation in this area, we observed some interventions based on moral judgements.

## Vision (this covers the next topic as well)

Skilled, qualified and trained social workers respect children and families, value and concentrate on strengths and work together with clients to reach their goals, hopes and wishes. They recognise that some families may need long term support. Above all, they recognise that families and children value genuine personal relationships with the teams which help them.

## Possible ways

Social workers' existing commitments to their work and to maintaining strong bonds with clients are celebrated and supported. Proper management of social work is assured so that social workers maintain a professional focus, avoiding charitable actions and/or actions based on moral judgements. Standards for the personal skills and characteristics required by social workers are elaborated and used in the selection process. These skills include empathy, dealing with diversity, and the ability to manage conflict and to establish bonds.

Social workers are assured of having sufficient time for one-to-one contact with children and their families, especially for more complicated cases (this links to the themes of 'infrastructure, safe spaces with opportunities for leisure and logistical support' and 'appropriate tasks for social workers').

## Social workers' training and qualifications

This topic is about the importance of qualifications and continuous training of social work professionals. Because it is a very dynamic, complex area impacting on people lives, the investigation shows that social workers are 'hungry' for specific knowledge to support their practice, which can offer technical and theoretical support for their actions. They also argue that courses in universities are not sufficient for those who are in frontline services.

Social workers highlight the need to think over their routine and cases. They understand that qualifications (technical and theoretical) and discussion about cases are critical for better performance of their roles. A focus group mentioned with great satisfaction a period in which study groups were promoted by management. They described this as a beneficial time when they felt they were being supported by their managers; they did not feel alone or burdened as they could discuss the difficult

situations they faced every day. They felt valued and confident, and perceived their cases as 'proceeding quicker'.

It wasn't only field workers who highlighted the importance of qualifications; one Child and Adolescent Rights Counsellor said:

*"The work of a counsellor requires time because it involves ongoing updating of qualifications, learning and knowledge."*

During this investigation, it was observed that the main focus of training within the government has been on social assistance as a system (national and local guidelines), which has been in the process of being transformed over the last decade, and not on social work with families. A significant number of professionals who participated in the focus groups and interviews expressed their desire for training on how to deal with families and children in extremely vulnerable settings.

## Possible ways

Continuous training and qualification programmes in social services are implemented, supported by management and based on the needs of staff. The examples above suggest that this doesn't necessarily involve expensive solutions. A routine of study groups or case supervisions organised by managers, presumably at no extra cost, can be very beneficial to services, social workers and clients.

University curricula are improved in order to offer better qualifications and training for graduates, particularly in working directly with vulnerable children and families.

## Valuing and supporting social workers

This topic reflects the importance of recognition of social workers as a workforce who deserve to be strengthened, respected and supported in their need to develop their work. They relate this point to the principle of social work with families: valuing and recognising competences tends to motivate and promote change. This is true for both families and professionals.

Key issues for valuing social workers, as perceived by those who took part in the research, are:

- physical resources (logistical and structural, ie car, computer etc)
- feasible caseload in order to develop quality work
- support in training and qualification
- appropriate wages
- participation.

Note that most of these issues are discussed in different sections in this report due to their relevance for social work provision as a whole.

Regarding salaries, it is difficult to set a parameter in the social assistance field. Salaries vary according to the municipality and sector (governmental, non-governmental, for example). Among a few randomly consulted governmental services, the monthly salaries' ranges were reported to vary from 2.5 to 11 times the minimum wage,<sup>51</sup> with the lower end of this

scale more common by far. A survey carried out in 2005 found that in the non-governmental sector, 1.7 million people were employed across the country, with average monthly salaries of 1,094.44 Brazilian Reals (BRL) (3.8 times the minimum wage at that time). Organisations that provided social assistance and child education services were at the lowest level, with an average monthly pay around twice the minimum wage (IBGE/IPEA/ABONG and GIFE, 2008). This again shows how social work is less valued when compared to other professions in the country.

Another piece of research (IBGE, 2007) indicates that over half (53.4 per cent) of people working in non-profitable private social assistance entities are volunteer employees. Low salaries may discourage professionals from engaging in this field, and those who already do may be frustrated or discouraged from continuing to work. Though there is no conclusive evidence that salaries affect turnover in services, this is feasible. While there is some truth in the fact that passion is an important part of the choice to work in this area, it cannot stand on its own. Other things are also necessary to retain staff and financial return is one of them, as mentioned by a few social workers in interviews and focus groups. However, it is worth highlighting that when professionals talk of the importance of being valued in the focus groups and interviews, they are primarily speaking about having discussion spaces for their cases, professional qualifications (as one said, having 'a vision of the problem and not of the wound', ie a wide perspective on the roots of a problem, and not

<sup>51</sup> In Brazil in March 2012, the minimum wage was 622 Brazilian Reals (BRL) (approximately US\$ 304) per month.

a narrow one which just deals with its superficial effects) and material resources, while the wage question is mentioned by a small number of them.

Valuing the professional is referred to as being very important in networks as well. Members of the National Working Group<sup>52</sup> consulted for this research highlighted as particularly important moments those in which the lead organisation invited some members to facilitate workshops or to take the lead in particular actions. The recognition of their competences resulted in

important effects, such as: the elaboration of a state plan to promote family and community-based care; the identification of reference people to speak in conferences and workshops throughout Brazil on this topic; and the release of a national publication regarding social work with families by an NGO.

*“The group made me believe in my potential; that gave me courage to write. By myself, I would never have written a paper like that.”* (Member of the National Working Group)

## Vision

Social workers are valued, strengthened, respected and supported in their need to develop their work; and can count on adequate salaries.

## Possible ways

Regarding valuing social workers, many of the suggestions above and below on issues such as training and qualifications, logistics and structure, and the number of social workers, for example, would potentially make social workers feel more valued. In addition, federal guidance on salaries for social workers across the country is established.

## The tasks of social workers

*“When a family and child get to us, they arrive totally defenceless, thus it is necessary to act and to develop Social Service [as a profession] as a whole.”* (Social worker in residential care)

As mentioned in the context in Brazil section, social workers tend to focus on a **case work approach**. Overall, this involves home visits, interviews (individual and with family members), group sessions and referrals. It aims to stop violation of children’s rights through intervention within and outside the boundaries of the family.

A survey carried out by IBGE in 2009 suggests that the five most frequently mentioned activities

among social workers in social assistance services are: home visits,<sup>53</sup> family support,<sup>54</sup> home support,<sup>55</sup> social-economic registration<sup>56</sup> and referrals to other services or programmes (IBGE, 2010).

Social-economic registration is a very important activity, but in one of the studied municipalities it has been affecting social workers’ ability to carry out other tasks, such as support groups. Because of scarce human resources, social workers have been dedicating long periods to registering families on the database, while psychosocial work has been put in second place.

According to the IBGE survey, in basic protection, regarding social assistance provided by municipalities in Brazil, socio-educational services

<sup>52</sup> See footnote 21.

<sup>53</sup> A social worker goes to the home to understand a family’s situation better and to identify their needs, demands, vulnerabilities and resources, to support social work and to link families to activities, benefits and services (IBGE, 2010).

<sup>54</sup> Work focused on the family group in a situation of social vulnerability, allowing families to build social ties and participate in collective projects (IBGE, 2010).

<sup>55</sup> Family support, at their home, to care for members who are in need, for example those who are elderly or disabled, and/or children (IBGE, 2010).

<sup>56</sup> Teams to identify the conditions of individuals and families’ personal and social lives, facilitate their enrolment in benefits and social assistance services, identify demands for other public services and register these on forms or directly onto a database (IBGE, 2010).

for young people from 15 to 17 years of age were mentioned by 67.3 per cent of municipalities. In the research carried out for this report, social workers, families and children reported that these services fall short of fulfilling needs. Care for children from birth to six years old<sup>57</sup> was the least performed among the services surveyed (58.6 per cent); this finding was consistent with the findings in the municipalities investigated for this report (IBGE, 2010).

In focus groups and interviews, both professionals and families have shown clear and quite similar opinions on what a **'good' case work approach**<sup>58</sup> is. 'Good' is meant in the sense of promoting changes in the situation that brings children and their families to social services. The 'true' ('deep') knowledge of family or the 'understanding of the child's situation', according to them, should ideally occur through 'appropriate' study and 'systematised psychosocial work', and with home visits and meetings between the social worker and all those involved in the case.

*"If we do not properly check accusations (involving children), we may destroy the life of a family."* (Tutelage councillor, speaking about the need for detailed assessment)

This research brought to light many stories in which families overcame their problems due to the establishment of close relationships with social workers, with frequent home visits and in-depth interviews aiming to improve bonding and understanding of intra- and extra- family dynamics. Considering the complexity of the cases in child protection, this kind of work is very important. In Foz, a programme focused on child labour (Programa de erradicação do trabalho infantil – PETI) has been very well developed, involving systematic work and a consolidated network; it has had positive results, and has been referred to as valuable support by families consulted in focus groups and interviews.

*"Home visits [used] as a tool for support made it possible to know the family better, who were*

*much discredited in the community."* (Social worker, on the importance of home visits)

However, scarce human resources may affect the quality of this work, which comprises many hours of staff time.

According to the IBGE survey, in 2009, activities related to employment and income generation and to training and preparation for employment are significant among social assistance services, suggesting that coping with social vulnerability situations involves investment in **employment and income generation** (IBGE, 2010). It demonstrates that social workers are at least generally doing these things across the country. However when comparing these features to what was reported in focus groups and interviews, it seems that social workers and clients want more one-on-one time and interpersonal interaction, and they also want practical support with employment and income generation, suggesting that these activities had not been carried out as they wished.

Although activities focusing on **community mobilisation and development** were present in approximately half of the municipalities in the country in 2009, according to IBGE, they are relatively low in number when compared to other activities developed by social workers. This suggests that social workers have been focusing more on individual rather than community practice (IBGE, 2010).

Regarding social workers' tasks, coordination (between services), interdisciplinary discussions and time were pointed out as important features to be taken into account for the best results. The necessary **coordination role** among social workers is part of the stories told and is discussed better in the section on 'linkages to other services'.

For many families, the resolution of practical problems, such as obtaining documentation, enrolling in school, understanding about and receiving social benefits, obtaining a

<sup>57</sup> Services aiming to strengthen family and community bonds, prevent risky situations, and develop social skills, through playful and educational activities.

<sup>58</sup> Referred to by participants as 'family support'.

household and a job, are highlighted among the interventions of a social worker. Families and social workers both reported these issues in the focus groups and interviews. The provision of material resources as part of social work in particular was frequently present in stories shared by both social workers and families. Living in extremely precarious situations, support in the form of transportation and/or food can improve a family's commitment to the service. A group of child participants stated that they wished 'that no child in the community [would] starve' (according to them, this happens often) and for 'homes for all children', illustrating that material needs are important to them.

Interdisciplinary discussions are essential to social work, bringing together different disciplines (eg a psychologist listening to an educator, or a social assistant talking to a judge).

*"My talent, with the creativity of someone else, with the experience of another person, can make the difference"* (Caregiver, talking about the importance of discussions among caregivers in residential care)

*"If there is a barrier, you have to strike the hammer from top to bottom (...) because we [different professionals] need a time to listen to each other."* (Social worker, who works for the judiciary, discussing the need for dialogue between stakeholders)

Time, as a theme, was mentioned by both families and social workers, and highlighted especially by social workers. It concerns both the understanding that it can take a long time to achieve change in this area, requiring more flexible time investments, and also the time that is needed for sessions with clients.

*"We do everything here, we have them by their hands, we take them from one service to another, we spend all the time required for each case."* (Coordinator of a service)

The large amount of time needed with clients links back to the requirement to have a full complement of personnel. In a focus group, two social workers became emotional while discussing a speech made by a mother supported by CRAS, who said:

*"This is a place where the doors must be always open... even if you have nothing to offer. Your support changes our life!"*

The information in the above section suggests that social workers are doing the tasks required, but that they don't seem to have enough time to do them to the best of their abilities. It may be due to time spent in administrative tasks or due to understaffing, suggesting that sometimes staff are engaged in inappropriate tasks too.

## Vision

Social services respond efficiently to local demands and vulnerabilities. Social workers adopt the appropriate approach, either case work or community engagement, depending on the setting and the needs of clients.

## Possible ways

Managers take into consideration the priority tasks that social workers should fulfil; for example, social workers spending more time with children and families rather than being involved in administrative tasks.

In order for social work to be more effective, further investigation on the kind of approach which is most suitable for local settings is developed; federal guidance is general and needs to be adapted to local needs.

Without losing capacity for one-to-one contact with the most vulnerable children and families, the

development of community work is further explored, as many of the problems that social workers are responding to (violence in the community, scarce basic services, and poverty, for example) are collective and not individual problems and may be more effectively dealt with by shifting to a more community-based approach.

The extent to which social workers are or should be involved in efforts to reduce household poverty, and the ways in which this can best be achieved, are considered. Some issues to consider may include:

- How much time social workers spend on administrating social protection/providing practical advice on employment and housing vs time spent counselling families (and how this is done depends on the level of complexity of the cases).
- How much time social workers spend on a case work approach of individual one-to-one contact with families and children vs time spent on an approach that encourages broader community transformation with a view to reducing poverty (again, how this is done depends on the level of complexity of the cases).



## Continuity of provision

Some programmes in social assistance, as in other sectors, represent government policies, having a transitory character and being extinguished or modified in accordance with political will. This is also a reality in the non-governmental sector upon changes in donors' boards. Social workers in focus groups and in-depth interviews pointed out that services implemented as public policies (state policies) result in sustainable and positive experiences because they do not vary according to political mandate.

This idea of continuity applies to human resources as well. Services composed by the same team manage to develop consistent

work. The continuity of personnel in the social area is seen by participants in this investigation as important for the establishment of bonds with families and children, resulting in a higher engagement of clients and better outcomes. Therefore, it is important for services to be able to count on a permanent team.

A survey carried out by IBGE (IBGE, 2010) found that in Brazil in 2009, over 60 per cent of workers in the social assistance field **were not** permanent public servants. Of these, approximately 10 per cent were on a contract<sup>59</sup> which, despite not guaranteeing stability, is less likely to result in dismissal than other employment arrangements (commissioned, trainees, without permanent contract).

### Vision

Services are composed by permanent staff engaging in consistent work. The continuity of personnel cements trusting bonds with families and children, resulting in better outcomes in overcoming clients' issues.

### Possible ways

Further research is developed to find out the main issues leading to the turnover of professionals in social services.

Management concentrates on efforts to retain staff, such as creating a good work environment, implementing action to value workers, signing formal contracts, requiring public contests for the recruitment of permanent personnel, and improving salaries.

Services are reinforced as permanent public policies by Municipal Councils of Rights as a strategy to guarantee continuity of provision.

## Linkages to other services

In order to get good results in the area of social assistance, networking with different sectorial policies is critical, as well as interdisciplinary action. This is due to the profile of cases usually dealt with in the social services provided by NGOs and government. These cases deal with a wide range of problems, such as intra-familial issues, health, and housing, which require knowledge, support and intervention from different fields. The wider and the more

interconnected the service network and range of disciplines involved in the cases, the higher the possibility of understanding, intervention and positive outcomes.

Both professionals and families point out the importance of networking in order to provide full protection for children. Thus, they emphasise the need to improve service delivery and the flow between services. It is interesting to notice that despite the fact that family members do not conceive of a 'network' as a concept, they

<sup>59</sup> Named *Consolidação das leis do trabalho - CLT* (Consolidation of Labour Laws).

clearly realise its organisation and function. As one mother supported by CREAS said: “[The services] are not the same thing, but they work together” – each one doing its part, contributing to their lives.

It is important for families to be able to count on facilitators to inform them about and put them in contact with other services. Often, rights, duties and opportunities are unknown to clients or hard to access. Social workers recognise the relevance of this role. This quote from a mother who received social work support from an NGO summarises the experience of many family members in focus groups and interviews:

*“Here, they told me where I had to go to get my daughter surgery. Without that I was going to be really lost.”*

In one of the municipalities that took part in the investigation, a significant number of stories demonstrate how important the guidance provided by social workers was regarding housing issues that were crucial for child protection. The bridge between social workers and the department responsible for housing has been very important in those situations. In this region, social assistance and the housing department have been jointly developing actions where child protection cases represent a priority. Openness to dialogue as well as well-

substantiated reports contributes to this good practice.

*“In [the] social field it is impossible to think about isolated work.”* (Psychologist, residential care)

*“I call a service and I start to join the links.”* (Social worker, CRAS)

*“It is possible to transform more through the partnerships than through the resources.”* (Management, social assistance)

The so-called ‘concentrated hearings’ (see box 3) on children in residential care were often mentioned as a successful networking experience. In these periodic hearings, representatives of the judiciary, Tutelage Council, social assistance, education and other stakeholders meet to take situations forward – with autonomy for immediate decision making intended to solve the case. In the experiences reported, each meeting lasted approximately three hours and the decisions made were immediately enforced.

In this research, local service networks were the most mentioned networks for child protection. Nevertheless, networks focused on policy and advocacy activities were valued in focus groups and interviews by social workers who are part of these movements.

### **Box 3 ‘Concentrated hearings’**

‘Concentrated hearings’ gather all involved parties, including representatives of the judiciary, prosecutors, and the public defender, and can be performed in institutional care facilities. Children, their families and members of the multidisciplinary team from the institution, such as psychologists and social workers, are heard as well. The idea is to assess the situation of children in alternative care and determine if

they can be reintegrated with their parents, or extended family (such as uncles or grandparents), or if adoption will be the best option for them.

This initiative was proposed at a national meeting in 2010 which gathered all the coordinators of the Courts of Justice in the country. As a result, the National Justice Inspection Office issued a Regulation<sup>60</sup> for this and other initiatives to regulate the monitoring of alternative care organisations and services provided.

<sup>60</sup> Regulatory instruction no. 02, 30th June 2010, National Justice Inspection Office.

A counsellor for the Municipal Council for Child and Adolescent Rights told of three successful experiences of working together towards common goals. On drugs matters, a complex topic with great demand in the municipality, four sectorial councils (child and adolescent rights, social assistance, health and drugs) joined to draft a proposal for a transitory house, an already known good practice, for local government. They formed a committee, studied the subject and were at the point in the process of developing a unified proposal. Open dialogue and time for involvement are considered basic factors for the success of the Council's current actions. Other examples of successful collaboration include the process of implementation of a new Tutelage Council, which the municipality was lacking, and a legal action against local government for not providing services.

One interviewee, when asked to give examples of her most outstanding experiences in her current position at federal level, answered:

*“The development of the National Plan for the Promotion, Protection and Defence of Children and Adolescents’ Right to Family and Community-Based Care. Second, the Technical Orientations [on Alternative Care for Children and Adolescents].<sup>61</sup> The results have spread like a wave. Small cities throughout Brazil are reforming institutional care because of this process.”*

When asked what made these experiences so effective, she answered that those involved in the preparation of the plan were there with their hearts and souls. There were representatives

from all sectors, and they worked together to build different networks. The fact that two National Councils – child and adolescent and social assistance – prepared the documents together was unprecedented and made them renowned. There was also a lot of discussion, public participation and engagement to make it work. For instance, at national level, the National Working Group has been very important because it has been spreading and increasing this movement. As for those involved, the interviewee says that it has been a successful experience because the team was not defensive and was able to take all criticism into account. Secondly, the commitments and beliefs of those involved made a difference. They were really focused on the family and on the importance of the family, and anxious to put that in practice. Those involved also had real experience of working in the front line. As she said: “All that made the difference”.

The effective flowing of an interconnected, complementary and ‘complete’ network, in the sense of the existence of services which comprise all the social rights of children and their families, was the wish most aspired to by social workers. Many services – including services to drug users and education services, particularly day-care centres and preschools, and basic protection – would particularly benefit from a well-functioning, interconnected network, “[as] these situations are more complex when the needs are not met”, says a social worker who works in residential care.

*“When other public policies fall, the case ends up here.”* (Social worker, CRAS, explaining the fact that it is impossible to work in social assistance isolated from other sectors such as health and education)

## Vision

The necessary support to provide assistance and positive future perspectives for families and children requires that agencies, organisations and teams work together beyond department and ministry boundaries. Social workers actively support and promote work with others to develop a support net for families.

## Possible ways

Networking between key stakeholders at the local level is improved through Municipal Councils

<sup>61</sup> Brasil, 2009b.

of Rights.

Coordination through national networks and forums to improve social work in Brazil, such as the National Working Group, is maintained.

Social assistance secretariats maintain their active role in the child protection system, linking up to different sectorial policies, NGOs and other stakeholders, aiming to pursue the integral rights of vulnerable children.

## Conclusions and recommendations

Brazil finds itself in a fertile moment of transition in relation to children who are separated from their family or at risk of being so. At the same time as it is at the forefront with respect to the legal-normative framework on this matter, the country still expresses traces of a culture which undervalues social services and the family, and this directly affects social work provision, workers' performance and the effective implementation of municipal policies.

The progressive implementation of the Unified Social Assistance System (SUAS) and the changes to the Statute of the Child and Adolescent according to Law 12.010/09 have had a significant effect on the lives of vulnerable children. The number of children placed in alternative care due to poverty has declined in the country since the release of the IPEA<sup>62</sup> research, conducted in 2003. The use of residential care has also decreased with the introduction of policies that limit time in such care to less than two years with regular evaluations of the case and care planning. A wide range of social services and professionals from different academic backgrounds have spread across the country, increasing the level of child protection service provision. However, despite the Statute and the federal regulations of Social Assistance, problems still persist. The family and community life of children in alternative care has not been developed as best it could; families and children have not been listened to enough (or at all, in some cases); a significant number of professionals see adoption as the best solution for children whose parents have difficulties; and social workers often do not have adequate qualifications or conditions to develop their work with vulnerable populations.

Regarding management, the autonomy of social services is an important factor for relevant policy elaboration and development. In the same way that gaining autonomy over their lives is important for families, autonomy in terms of management and action is important for service

managers, service coordinators and technical teams. In addition, to be able to act effectively with autonomy, it is essential that managers have the appropriate knowledge and qualifications needed to successfully fill this position. Currently, municipal heads of social service departments are often political appointments, with limited consideration given to qualifications or experience. Thus, well-defined selection criteria should be developed as this is essential for the best performance of duties. Personal motivation to engage in this area is an equally important factor to be considered: participants emphasised this point in the research.

The research demonstrates that social protection and case work approaches are the most common within the social assistance structure in Brazil, while case management is more commonly developed by other stakeholders in the child protection system. Social protection through income transfer programmes is also a strong approach in social assistance and has achieved significant results in poverty reduction and, therefore, has helped to reduce a vulnerability factor that affects the lives of many children. However, in one of the municipalities that took part in the research, there were problems associated with this activity, as due to the scarcity of staff, social workers were not developing other social work activities with families. This reinforces the need for full staffing of social services.

The case work approach employed in various levels of complexity, on the other hand, has a crucial role in complex cases where the violation of rights has already happened, in which children are at risk of losing parental care or have already lost it. These are complex and severe cases where systematic monitoring and closeness to families makes a difference in their lives. This statement is validated by many stories reported in focus groups and interviews.

However, the case work approach is not such a beneficial approach for children who are vulnerable but in families (classed as low complexity cases). There are larger numbers

62 Silva, 2004.

of children in low complexity cases, and social workers cannot properly offer individualised attention and support to all of these children and families, and this tends to cause frustration for the social workers. The guidelines for action at this complexity level are clear, especially with Technical Guidelines for Basic Protection recently launched, proposing orientation workshops with families, community activities, case work – in specific situations – and referrals. To achieve these goals, further research on a different approach to social work, which would involve more community-orientated work, is needed, as well as developing models, more training and sharing good practices.

There is a clear gap in backup service provision, especially on policies to deal with drug use, for the young and on child education. The high rate of children in foster care due to parental drug or alcohol addiction, and of children on the streets because of child alcoholism or drug abuse brings out the need for urgent action in this field. The lack of services and opportunities for early childhood, and for young people in their often violent communities, is considered a vulnerability factor by families, children and workers. Locally, in the municipalities investigated, there was some information missing, such as the numbers of children on the streets, working as child labourers, or trafficked. There was not an efficient system for collecting data on children in alternative care in either location. In one of them, data was not systematised at all. In the other, it was accessed, but not promptly. Based on this, local investigations on reasons that cause children to be vulnerable and placed in alternative care are incredibly beneficial to guide local policy and service provision.

Regarding alternative care, the figures presented in the secondary research and documents review speak for themselves. Alternatives to residential care arrangements, such as foster care, are not yet being widely explored in Brazil. However, the number of family-like care options (children's villages) have steadily increased – despite their limitations – which reflects a growing concern about the individualisation of child care.

As we have seen, in Brazil, social workers are present at different levels and in different spheres of protection. An academic degree in social work, psychology or pedagogy is usually required for members of multidisciplinary teams working in this area, which undoubtedly increases competence, but does not mean that the specific qualifications required for some positions are entirely met.

The research highlighted the importance of interpersonal relationships in social work. Workers, families and children shared touching stories where the establishment of bonds of trust and affection had a decisive role in the care and protection of children at risk. In this sense, it is evident how important it is that the training and recruitment of social workers considers and enhances their ability to interact with and support children and families. On the one hand, we recognise the value of federal and state government initiatives to train their employees and partners, especially with regard to their understanding of the large number of useful policies and guidelines aimed at improving social assistance. On the other hand, as one social worker told us: “We cannot look simply at what the law and paper say, we have to look at the human side,” and this is possible only through relationships.

The implementation of the Unified Social Assistance System (SUAS) generated a 30.7 per cent increase in employment in this sector between 2005 and 2009, according to IBGE (2010). Nevertheless, aspects of the municipalities part of this research revealed a significant lack of staff compared to the guidelines. Thus, it is suggested that priority be given to hiring full and permanent staff for effective services.

Initiatives involving a wide range of stakeholders and sectorial policy are powerful instruments for changes in the quality and variety of services for vulnerable children. The implementation of the National Plan for Promotion, Protection and Defence of the Right of Children and Adolescents to Family and Community-Based Care; the ‘Technical Orientations for Alternative Care for Children and Adolescents’;

'concentrated hearings'; a public motion to enforce the allocation of resources for actions planned in social assistance for vulnerable children launched by a municipal council; the National Working Group on Family and Community-Based Care; these are some examples showing that the coordination of joint efforts has worked or is working and deserves investment. **Everyone in the child protection field has their share of responsibility and power to contribute to change. This is our small contribution for the improvement of social work aimed at children and families in vulnerable situations.**

## References

- BASTOS, A. V. B., GONDIM, S. M. G., e RODRIGUES, A. C. A. Uma Categoria Profissional em Expansão: Quantos Somos e onde Estamos? In A. V. B. Bastos, & S. M. G. Gondim (orgs.), *O Trabalho do Psicólogo no Brasil* (pp. 32-44). Porto Alegre: Artmed, 2010.
- BRASIL. Constituição da República Federativa do Brasil, 1988.
- \_\_\_\_\_. Lei n. 8069/90. Estatuto da Criança e do Adolescente, 1990.
- \_\_\_\_\_. Lei n. 10406 de 10 de janeiro de 2002. Código Civil Brasileiro.
- \_\_\_\_\_. Presidência da República. Lei n. 10.836, de 9 de janeiro de 2004. Brasília, 2004.
- \_\_\_\_\_. Presidência da República. Lei n. 12.010, de 3 de agosto de 2009. Brasília, 2009.
- \_\_\_\_\_. Resolução n. 113, de 19 de abril de 2006. Brasília: SEDH/CONANDA, 2006.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Secretaria Nacional de Assistência Social. Política Nacional de Assistência Social (PNAS). Brasília: MDS/SNAS, 2004.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Norma Operacional Básica (NOB/SUAS). Brasília: MDS, 2005.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Secretaria Especial de Direitos Humanos. Plano Nacional de Promoção, Proteção e Defesa do Direito de Crianças e Adolescentes à Convivência Familiar e Comunitária. Brasília: MDS/SEDH, 2006.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Secretaria Nacional de Assistência Social. Norma Operacional Básica de Recursos Humanos do SUAS – NOB-RH/SUAS. Brasília: MDS/SNAS, 2007.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Guia de Políticas e Programas do Ministério do Desenvolvimento Social e Combate à Fome. Brasília, 2008.
- \_\_\_\_\_. *CapacitaSuas Volume 1 (2008) SUAS: Configurando os Eixos de Mudança/Ministério do Desenvolvimento Social e Combate à Fome*, Instituto de Estudos Especiais da Pontifícia Universidade Católica de São Paulo – 1 ed. Brasília: MDS, 2008.
- \_\_\_\_\_. *CapacitaSuas Volume 2 (2008) Desafios da Gestão do SUAS nos Municípios e Estados/Ministério do Desenvolvimento Social e Combate à Fome*, Instituto de Estudos Especiais da Pontifícia Universidade Católica de São Paulo – 1 ed. Brasília: MDS, 2008.
- \_\_\_\_\_. *CapacitaSuas Volume 3 (2008) Planos de Assistência Social: Diretrizes para Elaboração/Ministério do Desenvolvimento Social e Combate à Fome*, Instituto de Estudos Especiais da Pontifícia Universidade Católica de São Paulo – 1 ed. Brasília: MDS, 2008.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Protocolo de Gestão Integrada de Serviços, Benefícios e Transferências de Renda no âmbito do Sistema Único de Assistência Social (SUAS). Brasília, DF: Ministério do Desenvolvimento Social e Combate à Fome; Comissão Intergestores Tripartite, 2009a.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome, Secretaria de Direitos Humanos, CONANDA e CNAS. Orientações Técnicas: Serviços de Acolhimento para Crianças e Adolescentes, 2009b.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Cadernos de Estudos Desenvolvimento Social em Debate. N. 13. Síntese das Pesquisas de Avaliação de Programas Sociais do MDS, Versão Atualizada e Revisada. 2006 - 2010, Brasília, DF: Ministério do Desenvolvimento Social e Combate à Fome; Secretaria de Avaliação e Gestão da Informação, 2010.
- \_\_\_\_\_. Ministério do Planejamento, Orçamento e Gestão. Ministério da Fazenda. Portaria Interministerial no. 507, de 24 de novembro de 2011.
- \_\_\_\_\_. Ministério do Desenvolvimento Social e Combate à Fome. Orientações Técnicas sobre o PAIF: Volume 2, Trabalho Social com Famílias do Serviço de Proteção e Atendimento Integral à Família – PAIF. Brasília: MDS/SNAS/SUAS, 2012.
- CREPOP – CENTRO DE REFERÊNCIA TÉCNICA EM PSICOLOGIA E POLÍTICAS PÚBLICAS. Referência Técnica para Atuação do(a) Psicólogo(a) no CRAS/SUAS/Conselho Federal de Psicologia. Disponível em: <http://crepop.pol.org.br/publique/media/referenciascras.pdf>
- ELLIOT, C. *Locating the Energy for Change: An Introduction to Appreciative Inquiry*. Winnipeg, Canada: International Institute for Sustainable Development, 1999.
- EVERYCHILD. *Making Social Work Work: Improving Social Work for Vulnerable Families and Children without Parental Care around the World*. London: EveryChild, 2012.
- IBGE – INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. *Perfil dos Municípios Brasileiros na Assistência Social*. Rio de Janeiro: Ministério do Planejamento, Orçamento e Gestão, 2006.
- IBGE. *As Entidades de Assistência Social Privadas Sem Fins Lucrativos no Brasil 2006*. Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística – IBGE/Diretoria de Pesquisas, 2007.
- IBGE. *Perfil dos Municípios Brasileiros – Assistência Social 2009*. Rio de Janeiro: IBGE, 2010.
- IBGE/IPEA/ABONG e GIFE. *As Fundações Privadas e Associações Sem Fins Lucrativos no Brasil 2005*. Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística – IBGE/Diretoria de Pesquisas, 2008.
- MARUJO, Helena Águeda Marujo; NETO, Luís Miguel; CAETANO, Ana e, RIVERO, Catarina. *Revolução Positiva: Psicologia Positiva e Práticas Apreciativas em Contextos Organizacionais. Comportamento Organizacional e Gestão*. 2007, Vol. 13, No 1, 115-136.
- MDS/FIOCRUZ. *Levantamento Nacional de Crianças e Adolescentes em Serviços de Acolhimento*. 2010. Síntese disponível: [http://www.mds.gov.br/backup/sites/levantamento-e-portal/sintese\\_levantamento\\_abrigos.pdf/view?searchterm=levantamento%20acolhimento](http://www.mds.gov.br/backup/sites/levantamento-e-portal/sintese_levantamento_abrigos.pdf/view?searchterm=levantamento%20acolhimento)
- META/IDEST/SDH. *Pesquisa Censitária Nacional sobre Crianças e Adolescentes em Situação de Rua*. 2011. Síntese disponível em: <http://www.promenino.org.br/Ferramentas/DireitosdasCriancaeAdolescentes/tabid/77/Conteudold/c790eed4-7972-42f6-b83b-25298a4ea145/Default.aspx>



..... Módulo Criança e Adolescente – MCA. Disponível em: <http://mca.mp.rj.gov.br>

RIZZINI, Irene. A Institucionalização de Crianças no Brasil: Percurso Histórico e Desafios do Presente. São Paulo: Loyola, 2004.

SERRA, Márcia M. P. Algumas Considerações sobre a Circulação de Crianças no Brasil e sua Distribuição por Regiões. Revista Brasileira de Estudos de População, Campinas, Vol. 20, no. 2, p. 229-239, jul/dez 2003.

SILVA, E. R. A. (org.) O Direito à Convivência Familiar e Comunitária: os Abrigos para Crianças e Adolescentes no Brasil. Brasília: IPEA, 2004.

SOUZA, L. V., McNamee, S., e SANTOS, M. A. Avaliação como Construção Social: Investigação Apreciativa. Psicologia & Sociedade, 22(3), 598-607, 2010.

UNITED NATIONS. Convention on the Rights of the Child. New York: United Nations, 1989.

UNITED NATIONS. Guidelines for the Alternative Care of Children. New York: United Nations, 1989.

## Other documents consulted for this report

ANDRADE, P. M. e MATIAS, M. L. Notas sobre o Desenvolvimento do Trabalho Social com Famílias no âmbito da Política de Assistência Social. p. 222. In: BRASIL. Ministério do Desenvolvimento Social e Combate à Fome. Concepção e Gestão da Proteção Social Não Contributiva no Brasil. Brasília, UNESCO: 2009.

BRASIL. Presidência da República. Lei Orgânica da Assistência Social (LOAS). Lei n. 7.742, de 07 de dezembro de 1993.

BRASIL. Ministério do Desenvolvimento Social e Combate à Fome. Secretaria Nacional de Assistência Social (SNAS). Proteção Básica do Sistema Único de Assistência Social. Orientações para o Acompanhamento das Famílias Beneficiárias do Programa Bolsa Família no âmbito do SUAS. Brasília, 2006.

CARVALHO, M. C. B. Políticas Públicas e Trabalho Social: Polêmicas em Debate. In: Metodologias de Trabalho Social. São Paulo, IEE-PUC-SP, 2008.

CONSELHO FEDERAL DE SERVIÇO SOCIAL — CFESS. A Definição de Trabalho Social da FITS: Por que Revisar? Serviço Social e Sociedade, São Paulo, no. 108, p. 733-747, out./dez. 2011. Disponível em: <http://www.scielo.br/pdf/sssoc/n108/a09n108.pdf>

FITS – FEDERAÇÃO INTERNACIONAL DE TRABALHO SOCIAL. Definição de Trabalho Social, 2000. (Versão em Português). Disponível em: <http://www.ifsw.org/p38000411.html>

GRUPO DE TRABALHO NACIONAL PRÓ-CONVIVÊNCIA FAMILIAR E COMUNITÁRIA (BRASIL). Fazendo Valer um Direito/Grupo de Trabalho Nacional Pró-Convivência Familiar e Comunitária [organização: Adriana Pacheco da Silva, Claudia Cabral]. 2 ed. Rio de Janeiro: Terra dos Homens, 2008.

MACEDO, João Paulo e DIMENSTEIN, Magda. Expansão e Interiorização da Psicologia: Reorganização dos Saberes e Poderes na Atualidade. Psicologia: Ciência e Profissão. 2011, Vol.31, n.2, pp. 296-313. ISSN 1414-9893. <http://dx.doi.org/10.1590/S1414-98932011000200008>

MPRJ – MINISTÉRIO PÚBLICO DO ESTADO DO RIO DE JANEIRO. Censo da População Infantojuvenil Abrigada no Estado do Rio de Janeiro. Rio de Janeiro: MPRJ, 2009.

## Annex – Focus group and interview participants

	Focus groups	Interviews	<b>Total</b>
Social workers	57	23	80
Family members	18	2	20
Children	31	2	33

Social workers, according to function:

Social assistant	26
Secretaries, coordinators, managers... <sup>63</sup>	15
Psychologist	11
Social educator	3
Technician (judiciary and government)	2
Pedagogue	2
Lawyer	1
Administrator	1
Not specified	13
Others (intern, monitor, carer)	5
<b>Total</b>	80

Social workers, according to workplace or representation in the research:

Basic protection/CRAS	19
NGO (adoption, community)	13
Special protection, medium complexity/CREAS	14
NGO residential care	10
Judiciary/public defendant	3
Special protection, high complexity	3
Municipal Secretariat (social assistance and health)	4
Tutelage Council	3
Municipal Council of Rights of Children	1
State Secretary of Social Assistance	1
Ministry of Social Development (Federal)	1
National Working Group on Family and Community-Based Care <sup>64</sup>	8
<b>Total</b>	80

<sup>63</sup> Among them, we found the following distribution according to background: six social assistants; one nun; one accountant; one graduate of social science; six who did not specify.

<sup>64</sup> In which we find one University, two organisations that provide residential care (one governmental and one non-governmental), two NGOs that work in communities and one municipal social assistance secretariat are represented.

Children, according to the service they are in:

NGO community-based care	12
NGO residential care	21 <sup>65</sup>
<b>Total</b>	33

Children, by age:

Up to 11	17
12 to 17	16
<b>Total</b>	33

NGO community-based care	11
NGO residential care	-
CREAS	9 <sup>66</sup>
<b>Total</b>	20

Mother	15
Father	3
Others	2
<b>Total</b>	20

	Male	Female	Total
Social workers	11	69	80
Family members	3	17	20
Children	11	22	33

<sup>65</sup> Including a son of a carer.

<sup>66</sup> At that time, two of them had children in residential care, although they were invited to take part in the research by CREAS.

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