Recommendations on Children's Rights and Alternative Care in Brazil

UN Committee on the Rights of the Child

Rio de Janeiro, 13 June 2021

Introduction

Brazil is a country of 213 million people divided into five grand regions, twenty-six states and 5,570 municipalities. The country has two principal methods of care for children and adolescents: institutional and in families. These modes are defined in national laws based on the United Nations Convention on the Rights of the Child (UN, 1989). In 2019, only 30% of the municipalities had care services serving in total 33,042 children and adolescents. Of the 3,118 care services, 87% provided institutional care. Care Service in families is expanding and in 2019 represented 13% of services provided. Legal provisions exist that children from the ages of 18-21, after institutional care should get specialized services in separate male and female units (Republics) but there are only 33 such units in the country. 55% of the institutional care facilities are public and 45% run by social organizations or nonprofits.

We present here recommendations for institutional care services for caring for children and adolescents temporarily removed from their families. These recommendations come from research studies conducted by four organizations who are representative of the Brazilian national debate.

1. The project *To Know in Order to Care* was coordinated by Manoel Torquato of the Beneficient Association of the Little Nazarene in Fortaleza, Ceara, and includes a national study coordinated by Professor Irene Rizzini of the International Center for Research and Policy on Childhood at the Pontifical Catholic University of Rio de Janeiro (CIESPI at PUC-Rio). Qualitative and quantitative data were analyzed from 554 children and adolescents living on the streets and in institutional care as a protective measure from being on the streets. The aim was to construct good practices to assist staff in those institutions.

2. A study called *Between home, the streets, and institutions: children and adolescents on the streets and in care institutions,* coordinated by Irene Rizzini (FAPERJ project CNE, 2017-2020. Ref. n° E-26/202.812/2017) whose purpose was to describe the current reality of institutional care for Brazilian children and adolescents. The project included: a) a substantial review of the academic research on the topic including articles, dissertations and theses published in the country between 2000 and 2019, and b) field research of interviews with 15 professional staff and 13 children and youth linked to institutional care in the city of Rio de Janeiro.

3. *A national survey of institutional services for children and adolescents in the time of Covid-19* researched institutional and family care during May and June 2020 during the Corona Virus pandemic. It was produced by the Association of Researchers and Trainers in the Area of Children and Youth (NECA, São Paulo), the International Association of Brazilian Community Educators (FICE Brazil) under the direction of Dayse Cesar Franco Bernardi. 1,327 institutional care services

in 804 Brazilian municipalities responded to the survey representing 14,060 institutionalized children and youth. The survey described preventive action and strategies adopted, the challenges experienced, and the replies of social educators, professional staff, and care givers.

4. The National Movement for Living with Family and Community undertook a qualitative study of youth leaving institutional services. The study asked young people about positive and negative perspectives on: 1) support for families and the prevention of foster care; 2) the reorganization of institutional care and 3) adoption centered on the best interests of the child and adolescent. Twenty-seven young people who had left institutional care participated in the study from all the macro-regions of Brazil. They were interviewed during August and September 2020, in virtual individual and group interviews.

1. **How can the institutionalization of children be prevented?**

Increase investments in the family especially families in vulnerable situations and provide integrated social policies prioritizing access to families, food, health, education and work, and income.

Data: the pandemic showed the possibilities of more flexibility to return of children to their families given that 57.1% of services were able to effect the return of young people home between May and July 2020 (3).

Data showed that the main reason why street children did not return home was the struggle for survival (28% of the 282 children interviewed on the streets and 9% of the children and youth interviewed in institutions mentioned that they were institutionalized because their parents could not care for them "because the family had been evicted for nonpayment of rent and were homeless" (1).

Offer psycho-social support to families when necessary. Identify the needs of families and offer follow-up support. Conflicts can be identified early by schools and assistance and social services and demand a major emphasis by the social protection networks for preventive care.

Data: the third main reason for street children not being home was family conflict (20% of the street children interviewed), 44% of the 281 young people interviewed in institutions mentioned family conflict as the main reason for not being at home. "Because my parents did not like me and we fought a lot" and "because I felt safer in the 'mouth of the fire" than in my own home with my drugged-up mother beating me all the time" (1).

Strengthen educational policies and programs for institutionalized youth given their lower levels of education, discrimination, and difficulties adapting to institutions as well as for the needs of their parents and caregivers.

Data: 42% of 283 respondents on the streets said they were not currently attending school. In the institutions, 30% of the youth interviewed said the same (1).

Studies show that policies such as increasing the number of creches and full-time schools can reduce the number of children in institutions and assist their return to families and communities of origin. Equally important are spaces complementary to schools such as the Service for Strengthening Links which is part of the national social assistance policy (2).

Increase services of assistance and spaces for culture, sports, and leisure so that children and youth can create and strengthen community relationships which can assist their protection and diminish the impact of structural urban violence.

Define objective criteria for Institutional care taking into account studies which examine the reality of institutional decisions and judicial decisions.

Data: 39.5% of institutionalizations were based on 'family negligence' without the use of criteria useful for the decision to institutionalize (3).

2. **What are the characteristics of high-quality institutional care?**

List services complementary to institutional care together with the network of protection which offers economic and emotional support to the institutionalized youth and their families from the perspective of the safe return to family care.

Data: the young people were critical about the care given to families when they were in care. Many complained about the absence of support. The youth stressed the advantages of consistent and quality support for families (4).

"The difference which this institution gave is this. The support which the visiting staff gave to the families, the time we went to the health clinic, to look for work, to help with school even for children who had already left. (Dorado, Minas Gerais, 19 years old) (4).

Coordinate and strengthen services to assist the youths' relationships with their communities

Data: the young people reported little effort to establish relationships outside of the institutions. A number felt imprisoned in the institutions and said they wanted to be visited and be part of other contexts (4).

"I participated in a program at the time I was in Recife in partnership with the Juvenile court to take the young people to the countryside…it was very important and we felt recognized (Lynx, Pernambuco, 22 years old) (4).

Develop special methods for the care of children and adolescents on the streets with intermediate support services between the institution, the street and the family and community context.

Data: the majority of young people interviewed said that their entry into care was abrupt and without them knowing the reasons for it (4).

Offer effective educational and financial programs of support for those young people with little chance of re-entering the family or of adoption.

Data: the Affective Sponsorship Program was a family alternative to reduce institutionalizations during the pandemic in 92 cases (3).

Promote the movement to autonomy for youth in institutions guaranteeing their participation in the decisions about the process and plans for their futures.

Data: a principal aspect of care is being heard and actively participating in the institutions. The young people affirm that their opinions were not considered: they were not protagonists in decisions about their lives and rights (4).

Construct strategies for the development of diverse competencies and skills among institutional youth, increasing their chances of joining society and the workforce with autonomy especially for youth fourteen years and older and who have little chance of returning home or to a substitute family.

Data: most of the youth mentioned they wanted greater work opportunities (98) and study opportunities (60). "Finding work lets us help our families". We also found specific interests such as enlisting in the army, becoming a judge, a model or a dance teacher. Others wanted to return to school and to finish their studies (1).

Promote the inclusion and participation of families in all the institutional processes, making hours more flexible, offering access to services and avoiding excessive monitoring and surveillance, promoting family involvement in school activities, having medical appointments and regular visitors.

Data: 42% of the youth in institutions said that maintaining a relationship with their parents was good or very good. 33% had no relationships with their parents. 73% said their families never participated in activities in the institution (1).

"I feel so alone in the institution, a visit is very missed and would make a big difference and I felt alone. I had not one to talk to about what was happening. (Lynx, Pernambuco, 22 years old) (4).

Allow the young people regular visits by families. Promote individual and group meetings about returning home, why they went to the streets.

Data: when asked what would improve their lives, 14% of the institutionalized youth said returning to the home they were in before the institution, and 12% said the desire to have their own home to reunite with their family of origin (1).

3. **How to guarantee a well-trained, supported and supervised workforce in institutions and provide systematic and continuing training** emphasizing family, protection, concepts of negligence, preventing stigmatization and a vision of support for families.

Data: the second main reason for young people being institutionalized is 'family negligence' - 27% of youth interviewed in institutions (1).

"If I had been helped earlier before being put in an institution? Perhaps it would have been different, perhaps my father would have run ahead, and been with me, perhaps there would have been a different outcome (Lynx, Pernambuco, 20 years) (4).

Redefine training for social educators to care, protect, educate and support to the youth in institutions.

Data: while in the institutions the young people made connections with different staff members. But sometimes the lack of staff training, the excessive demands of work, and lack of motivation negatively affected care (4).

Develop the skills and practices for treatment given the heterogeneous reality of the youth e.g disruptive behaviors, drug users, and those threatened with death.

Data: an educator interviewed cited the lack of more regular training and psychological and emotional support. Psychological suffering was part of the daily work of institutional staff. The research literature emphasizes the need for this training (2).

Strengthen individual service plans which describe the actions to be taken for each young person including services in the institution and the services to accompany each child and family.

4. **What types of support, training and processes would be useful in the future?**

Create or strengthen different forms of alternative subsidized substitute family care. Where no family connections exist, we recommend searching the extended family or other close people to take responsibility for the care of the child. Judicial assistance, fiscal incentives and subsidies should be provided by the State.

Data: several young people mentioned the death of a mother that ruptured family ties (2).

Strengthen and advertise services of temporary care by a person with an existing relationship with the child/youth (apadrinhamento afetivo), through regular visits to strengthen community ties, providing material support and financing to the young people and service providers who can provide services to support them.

Data: "the successes I have had are thanks to my godmother with whom I developed an affectionate relationship and she was always by my side and continues to be so (Rosa, Federal District, 24 years old) (4).

Maintain reserved space for quarantine for health and social emergencies.

Dados: only 28.5% of respondents said they had space for quarantine (3).

5. **What support is needed for those who leave care?**

Strengthen the autonomy and protagonism of residents in care beginning with daily tasks, the organization of personal belonging, and the management of financial resources.

Dados: "There was no work for my departure. I had to learn many things on the trot and in fear. I was 18 years old and I had to leave" (Taurus, São Paulo, 20 years old) (4).

"They must improve the system of training because life outside is not simple. Take time once a week to teach us how to cook rice, how to cook beans, how to eat. Teach us how to wash clothes (Orion, Paraná, 20 years old) (4).

Offer alternative means of education and professionalization that are compatible with the world and enabling them to construct independent lives outside.

Implement services for the transition.

6. **How to tackle the continued pandemic and prepare for other public health, environmental and social crises?**

Develop recommendation published in official organs for emergency plans and contingencies to be adopted by institutional care providers.

Data: 20% of the respondents said their institutions had confirmed cases of COVID between May and July 2020 (3).

Guarantee the necessary structural provisions to allow for social distancing in institutions.

Data: during the study of 782 youth suspected of being infected, 456 or 58% were put into social isolation (3).

Train staff and guarantee the provision of protective equipment.

Data: of those who got sick with COVID 69% were staff of the institutions. This shows the extraordinary need to protect the staff (3).

Provide guidelines to the professional staff for the return of in person contacts with family and community, schools and public places.

Offer psycho-social support to institutional staff.

Consult the professional staff to determine what resources are necessary to deal with a pandemic.

Data: staff said they needed equipment and technology for distance learning; access to good wi-fi networks, computers and cell phones; pedagogical and play material; immediate access to public health staff; knowledge of official guidelines for the pandemic and supplemental monies for emergencies (3).

Data: when asked about what improve their lives a large majority of youth in the institutions mentioned more opportunities for getting a job and for study (1).