

# The Covid-19 Pandemic: Measures adopted by Brazil to preserve the right of children to live in family and community and alternative care<sup>1</sup>

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## I – Introduction

After the World Health Organization's Declaration of Public Health Emergency of International Concern on the 30th of January 2020, the Brazilian Ministry of Health (Ministério de Saúde - MS) declared a Public Health Emergency of National Importance (Emergência em Saúde Pública de Importância Nacional - ESPIN) on the 4th of February 2020, according to the MS Legislation No. 188/2020. Subsequently, the Federal Law No. 13979, on the 6th of February 2020, determined the combat of the pandemic throughout the national territory, which was further regulated by the Federal Decree No. 10282/2020. This decree listed the essential services and activities of Social Assistance, that is, those required to continue to be offered throughout the pandemic, with necessary adaptations to meet health recommendations. On the 18th of March 2020, Legislative Decree No. 6 formally recognized the situation of public calamity in the country.

In Brazil, alternative care services are part of the Unified Social Assistance System (Sistema Único de Assistência Social - SUAS). They are decentralized and work in conjunction with a network of various public services and the Justice System. The National Secretariat of Social Assistance (Secretaria Nacional de Assistência Social - SNAS) which is responsible for the SUAS at the national level, consequently is responsible for the network of alternative care services, its organisation, technical guidelines, care profile and co-financing.

This paper presents a summary of the recommendations adopted in Brazil in the context of the COVID-19 pandemic to: i. keep the child or adolescent at home in a safe environment and do everything possible to prevent their removal from their family; ii. adapt alternative care services to the context of the pandemic and reduce the risk of catching the new Coronavirus and its impacts to mental health; and, iii. reduce the time in care to a minimum whilst guaranteeing the protection of the child.

As such, these national recommendations offer instruction to: i. SUAS, its local and regional management, and the coordinators and professionals of the alternative care network; ii. the Justice System – the Child and Juvenile Courts and Public Attorney (Ministério Público - MP); and iii. the Child Protection Network. The recommendations we set out in the following two guideline documents:

- The National Secretariat for Social Assistance of the Ministry of Citizenship published Recommendation Number 59, on the 22nd of April 2020, under the following title: *Guidelines and recommendations to managers and professionals of the Unified Social Assistance System - SUAS in the States, Federal District and*

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*Municipalities regarding alternative care services in the context of the COVID-19 pandemic.*

- The National Council of Justice, National Council of the Public Attorney, the Ministry of Citizenship, and the Ministry of Women, Family and Human Rights published a Joint Recommendation on the 16th of April: *Provision of Standards for the care of children and adolescents in alternative care, in the context of the COVID-19 pandemic and other measures.*

In general, these recommendations addressed the need for adjustments in the provision of alternative care and alignment with the recommendations of the Ministry of Health and local health authorities, with the possibility of adapting to different epidemiological scenarios. The main objectives were: i. support the protection of public health, especially of children and adolescents in care, their families and SUAS workers; ii. to ensure the continuity of alternative care services, with arrangements adapted to the new and changing context and measures to prevent and control the new-Coronavirus and; iii. decrease the impacts of the pandemic on the mental health of children in alternative care services, their families, professionals and caregivers.

In order to prepare these Recommendations, systematic monitoring was undertaken of the Ministry of Health Guidelines and the emergency response undertaken by the municipalities, and also constant dialogue with civil society leadership, in particular with the National Movement for the Rights of Children to Live in Family and Community (Movimento Nacional Pró-Convivência Familiar e Comunitária - MNPCFC), which supported and contributed extensively to this process.

Additionally, the Brazilian Federal Government, through Provisional Measure No. 953 on the 16th of April 2020, allocated resources to support the continuity of alternative care services and the implementation of a number of emergency actions by the SUAS. The Recommendation No. 369 on the 29th of April 2020; as well as the Recommendation No. 378, on the 7th of May 2020, were issued by the Ministry of Citizenship specifically to address and guide municipalities as to the use of this funding.

## II. MAIN RECOMMENDATIONS:

### **2.1. Recommendations to Social Services Management and Alternative Care Services:**

- A. *To Social Services Management:* The development of diagnosis and planning guidelines for the use of public funding, including funding dedicated exclusively for emergency social assistance; agile and systematic communication with the social service network; network articulation, with adaptation to the new pandemic, especially with regard to health policy and the Justice System; specific measures for the reorganization of alternative care services, the increased use of online technologies – such as administrative, management and team meetings – and human resource management (such as the hiring of new workers on an emergency basis, relocations; support for the safe transportation of care workers to their services, etc.); orientation and training of the social services network, with health support, the use of PPE and other hygiene measures to prevent and control the spread of the new Coronavirus;

- B. Recommendations to the local management of alternative care services: the continuity of care, the reorganization and adaptation of alternative care services to the new reality; reorganization of teams and work processes (guidelines in case of symptoms; remote activities; rotation schedules); guidance and training on the use of PPE and other hygiene measures to prevent and control the spread of the new Coronavirus; measures to control the entrance and exit of professionals and other caregivers in and out of the care services; systematic articulation with the local Social Services Management, the care network as a whole and the areas of health and justice.

## **2.2. Recommendations to reinforce alternatives for the protection of children and adolescents in a safe family environment and to ensure the exceptionality and temporality of alternative care**

- A. Removal of the aggressor from the home as a priority: In situations where living with a parent or other person residing in the household presents a risk to the safety and physical and psychological integrity of the child or adolescent, the first measure should be to remove the aggressor from the home by a court order. When this is not possible or appropriate, alternative protection measures should be sought that result in the removal of the child or adolescent.
- B. Seek a safe space for the maintenance of the child or adolescent in the care of the non-aggressor parent or responsible person, ensuring protection from the aggressor: with temporary housing support, potentially including accommodation in hotels or similar, and support for food and other essential items.
- C. Keeping the child or adolescent in the care of a person (s) with whom he or she has bonds of affection and trust, within the extended family or a significant person in their support network.
- D. Monitoring these situations whilst optimizing the use of remote technology.

## **2.3. Recommendations to safely shorten the stay in the Alternative Care Services**

- A. Prioritizing the family reintegration of children and adolescents in Institutional Care Services, provided that safe conditions for care and protection are established with the family of origin, nuclear or extended, with significant emotional ties; follow-up after family reintegration, even if done remotely, by social services.
- B. Support for the granting of provisional custody to previously registered applicants for adoption so that children and adolescents in the adaptation stage can speedily move to continued residency with the adopters. Where placement is possible it is granted by a term of legal responsibility, as required by the National Adoption and Alternative Care System, of the National Council of Justice.
- C. Use by the courts, during the period of the pandemic, of procedures for the safe placement in the homes of adopters registered within the National Adoption and Alternative Care System, of newborns from consenting mothers, in accordance with

the law, in order to avoid referral to institutional care services, whilst respecting the waiting list of applicants;

- D. Local monitoring by the Judiciary of the adaptation stage after family placement for adoption, even if remotely.

#### **2.4. Recommendations to increase the provision of Foster Families**

- A. Expansion of the number of Foster Families: enabling care in a family environment, with individualized care and lower exposure to the risk of contamination by the new Coronavirus;
- B. Awareness of Foster Families qualified to provide care under these exceptional circumstances to more than one child or teenager during the period of emergency in public health. The parameter adopted in Brazil, in normal times, corresponds to only one child or adolescent at a time, except for groups of siblings. Monitoring of these families optimizing the use of remote technology.

#### **2.5. Recommendations in exceptional cases for the care of children in the residence of professionals and caregivers from the Institutional and Residential Care Services**

- A. The exceptional use of strategies to enable the permanence of the child or adolescent in the residence of direct caregivers, other professionals from institutional care services or sponsor program families, when the safety and conditions for care and protection can be guaranteed, and with temporary court order authorisation. Preparation of those involved and the monitoring of these placements optimizing the use of remote technology;
- B. The possibility of permanence in the alternative care service of young care leavers who have reached adulthood in care, until the pandemic subsides and safe and secure conditions return.

#### **2.6. Recommendations to reduce the number of children in Institutional Care and reduction in the flow of people coming and going:**

- A. Priority of resident caregivers over shift workers: with adjustments necessary to adapt the working shifts in institutional care services, in order to reduce the number of professionals entering and leaving;
- B. Emergency organization of new institutional care units for small groups of up to ten children; prioritizing, whenever possible, the resident caregiver model;
- C. Safer, smaller spaces in Institutional Care Services: adaptation of the physical space and reorganization of the institutional care service to enable care in subgroups of up to ten children, prioritizing, whenever possible, the residential caregiver model;

#### **2.7. Recommendations for care in specific situations and small groups**

- A. Prioritization of more individualized care alternatives with less exposure multiple professionals, especially in the care of children and adolescents with additional

health problems that affect their immunity or lead to greater risk when infected with the new Coronavirus; pregnant and postpartum teenagers; to infants and newborns; and children and adolescents with disabilities who require greater physical contact with caregivers.

- B. Specific recommendations for indigenous children, with: information to health authorities regarding the existence of indigenous children in care, involving, whenever possible, accompaniment by the National Indian Foundation (Fundação Nacional do Índio – FUNAI); and compliance with the specific guidelines of the Ministry of Health.
- C. Specific recommendations for the alternative care of street children;
- D. Specific recommendations for institutional care services with cases of suspected or confirmed infection by the new Coronavirus.

#### **2.8. Recommendations to promote quality of life and manage stress in alternative care services**

- A. Access to information and participation for the children in care: i. Finding creative ways of informing children about the pandemic, in a clear and relevant manner, strengthening their awareness and sense of individual and collective responsibility, so that they may be aware wherever possible of the necessity to protect everyone; ii. encourage the participation of children in implementing the necessary changes in the physical space of the institutional care unit; iii. include health recommendations in the daily care routine, with playful strategies that involve those in care, such as washing hands, using alcohol gel, etc.
- B. Creating opportunities for listening, reflecting and expressing concern: care professionals must be attentive and available to listen and welcome children's concerns, creating opportunities to express themselves in daily activities or in more structured activities directed towards this purpose.
- C. Building and respecting rules: building rules together with children to reduce possible conflicts arising from changes in daily routine, incorporation of health recommendations and restrictions on visits and visitors.
- D. Establishment of routine and development of activities that contribute to the quality of life and management of stress and leisure.
- E. Preparing children for change: i. in their routines, in the care environment, in the possible transference between alternative care services that may arise due to the context of the pandemic; and ii. in case of family reintegration, placement with families qualified for adoption, or their placement in the care and home of professionals from the care services, sponsors or other people with significant ties.
- F. Strategies for the maintenance of contact with family and other people of significance to the child or adolescent during the pandemic period: with phone calls and the use of messaging apps, social networks, video calls etc, handling visits with strict observance to the epidemiological scenario and health and hygiene

recommendations; prior communication and explanation to the family and their preparation in cases of family reintegration or changes in the form and location of the alternative care of the children.

- G. Dealing with loss and grief.
- H. Support to the professionals and caregivers in the Alternative Care Services for the prevention of emotional crises.

#### **IV. CONCLUSION**

This article addresses the recommendations and measures adopted in Brazil in the care of children and adolescents to avoid separation from the family of origin and the adaptation of alternative care to the context of the pandemic.

The context and the response adopted reinforces the importance of accelerating the prioritization of foster care as an alternative care service, both due to the positive impact on child development already highlighted scientifically and, moreover, due to the lower exposure to risks in the context of epidemics and pandemics. The option seen during the pandemic of providing alternative care in a family environment in the home of caregivers or other care professionals from institutional care services, for example, made this particularly evident in Brazil. There is the need to increase the offer of salaried Foster Families as currently only voluntary foster care is recognized in the national guidelines on alternative care practice. This is necessary in order to facilitate the transition from the prevalence of the institutional model of care, to a family centred care model in Brazil, and something that became particularly clear during the pandemic.

Greater flexibility in the use of emergency public funding specifically earmarked for social services in the context of the pandemic enabled concrete support, such as, temporary housing and food to prevent family separation and to support family reintegration.

Finally, it is worth mentioning that the extensive and independent “National Survey of Institutional and Foster Care Services in Times of COVID-19”, carried out by the National Movement for the Rights of Children to Live in Family and Community (MNPCFC), the Association of Researchers and Professional in Child Care Practice - (Associação de Pesquisadores e Formadores na Área da Criança e do Adolescente - NECA) and FICE Brasil, analyzed the implementation of the measures provided by the aforementioned Recommendations. Their effectiveness in preventing the dissemination of COVID-19 in care services was clearly shown. Among other findings and valuable lessons, this study identified less than 2% of the children in alternative care were infected, with no deaths among those sheltered in the services that participated in the national research. Coordinated by the researcher Dayse Bernardi, the survey evaluated a total of 38.5% of the entire alternative care services network as identified by SNAS/MC and was approved by the National Council for the Rights of Children (Conselho Nacional dos Direitos da Criança e do Adolescente - CONANDA).

The SNAS and the Ministry of Citizenship offered a wide range of normatives, beyond those presented in this paper, that were adapted by SUAS in order to help protect the

vulnerable and at risk possible from the pandemic, such as the elderly and handicapped populations, people living on their own, the homeless, victims of domestic violence, refugees, immigrants and others. These complete normatives are available in Portuguese at : <http://blog.mds.gov.br;redesuas/protecao-social/#Epidemia-Covid-19> and summarised in the following article:  
<https://www.gov.br/cidadania/pt-br/servicos/sagi/relatorios/de-olho-na-cidadania>.