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Families, Social Policies and Institutions working for poverty and inequality reduction in Brazil, Bahia.

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Abstract

This article presents an analysis of the situation of the population registered under the system of social policies in the state of Bahia, Brazil, using a triangulated methodology, which combines: 1. A statistical analysis of factors associated with extreme poverty, in contrast to the moderate poverty; a qualitative discourse analysis of the beneficiaries in four municipalities on family, the use of resources and their participation in social policies; and 3. The discourse of public officials of social assistance who work in the implementation of these policies in the analysed communities. Statistical analysis shows that families who are kept in extreme poverty are also those with the greatest vulnerabilities, such as a member with disabilities, and are also those who have the greatest difficulty in accessing public services. At the same time, the qualitative analysis shows that in the great metropolis, public officials, particularly those of the social services, which should ideally be conducting active surveillance and resolution of the most vulnerable families' problems, reproduce prejudices that reinforce the isolation and exclusion of more needy families. In a scenario in which families use the resources available for social policies to overcome their difficulties, and generate high expectations for social education and future inclusion of their children, failures in public services limit and neutralize these efforts. The great social inequality and rights, including between public and attended public servants engaged at the local level to support the elimination of poverty are the main underlying factors that keep families vulnerable and poor. Even if national policies achieve, in average, results of great impact on poverty reduction, corporate interests, prejudices and institutional discrimination at the local level are points of conflict and possible block more consistent and lasting results in the inclusion of poor families and the vulnerable.

Keywords-families, poverty, vulnerabilities, social policy

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I. Introduction

According to the perspective of social structure and the role of social agents, Giddens (1988) considers that social reality integrates and plays the slant of the action of social subjects, linked to this reality through sociocultural mechanisms of integration and reproduction of this reality in their daily lives and at the same time, exercising its capacity to choose between different options and practices that can reproduce existing regularities, structure new regularities or break from pre-established trends. The diversity of behaviour of individual actors reproduces, modifies or breaks structural properties of communities (Giddens 1988: 19). Therefore, it is relevant to know the rules laid down in a context and the social practices ordered -individuals and / or collectives that social actors develop in a certain time and space.

The analysis of the behaviour of agents in an institutional context in also refers to the neo-institutionalism perspective, which assumes that the institutions are created to offer security against risks. (North,1990)

Poor communities have scarce availability of resources and institutions. In Brazil, the officials of the social welfare institutions are located in geographical and temporal contexts poor in resources availability, and they should work in networks where several institutions and actors cooperate and interact. The connections between the characteristics and rules of communities, institutions and available resources are reproduced through the behaviour of social agents in the exercise of their profession, to meet the needs of people living in vulnerable situations, i.e. those living in poverty, the disabled, elderly, children, adolescents and youth. (Wolf-Branigin, LeRoy, & Miller, 2001).

Poor communities conform and, in time, fall under the conditions of space and resources available for them to reproduce or promote changes from behaviours of competition and / or collaboration of the actors involved in this process (Jacobs, 1984). To approach this process is important to identify the needs and resources given to the communities, useful inputs for institutional management and planning for better service delivery, and to empower communities and disadvantaged groups (Robertson & Wier, 1998; Wier and Robertson, 1998).

This approach explores the concepts of geographical territory, the variation in the availability of resources, the rules of access to resources, the "cost" to access resources, the



interactions established in the resource exchange, and new rules created to achieve access to resources or not.

In this paper we analyse the characteristics of the poor families of one of the poorest states in Brazil, the State of Bahia, and vulnerabilities related by poverty levels, in particular child work and environment conditions of the poorest families. At the same time, we analyse families living in the Metropolitan Region of the Capital, Salvador, considering families in the downtown and periphery municipalities, their family relationships and interactions with the public agents of the Centres of Reference of Social Assistance (CRAS). The three social workers and pedagogues interviewed, who have a higher level of education (college), are employees of CRAS, and were interviewed with three other employees without higher education, but who collaborate in the work. The beneficiaries interviewed about relationships with their husbands and children, and the use of the resources of Social Security, were women.

The first topic addressed was the vulnerability factors related to extreme poverty (below R\$70.00 *per capita* income) and poverty (between R\$70.00 to R\$140.00), compared to no poverty (over R\$140.00), from a quantitative analysis, applying a logit model. Factors analysed were characteristics of the head of the household (sex, age, race, work, migration), and household characteristics (size, structure, infrastructure, and medical expenses, as a proxy of health problems, and the presence of a disabled member). The presence of a disabled member is a strong factor in explaining the extreme poverty of the families receiving social security benefits.

The beneficiaries interviewed identified their own trajectories and behaviours as the determinants of their poverty condition. And they completely ignored the role that public agents should provide in their communities. In contrast, social workers interviewed work in spaces with one reception room and a meeting room to receive families, equipment such as computers with Internet access to register poor families under policies. The legal number of workers in public services is attained, according to rules. They are well trained in their mission, functions and activities; however, they suffer limitations in achieving their objectives and functioning properly. They consider that there are too many functions that require a lot of work for the journey and established the terms offered.

It is interesting that, at the same time, the respondents expressed concerns about the size of the population to be covered, considering it impossible to cover the demographic completely under the available conditions. They also disagreed about the focalization concept adopted by policies, and they suggested to extend the coverage to the whole population. In this sense, the discourse is characterized by a contradiction that puts into competition the really scarce resources in a incipient implementation of the structure of CRAS (since 2005), contrary to the order to cover 2500 families, confronting this reality with the idealization that it would be possible and desirable to further increase demand, or the population covered by CRAS. It should be noted that this contradiction is based not on an assessment of the concrete conditions, but on a difference between the ideological principles that underpin the concepts adopted by government, and the operationalization of this concept through a prioritization that focuses on these groups.

Women who are beneficiaries simply ignore this situation, but they identify that they are not been visited by social workers, and they are afraid about their visits, which they do not perceive as a support (according to law), but as a supervision with possible lost of the benefit.

As a conclusion, although every poor family receives monetary benefits transferred directly into the bank, and it impacts poverty reduction consistently on time in Brazil, particularly in the State of Bahia, the most vulnerable and poorest families are already excluded of the main support from institutions available in their local communities, and the prejudices of the social workers reinforce their exclusion.

A. Data and Methods

In Brazil, in the last twelve years, the Ministry of Social Development and Combating Hunger (MDS) have implemented several social policies, in order to reduce poverty, inequality and vulnerability. Combined with active policies and incentives to promote full employment, jobs formalization and increases in the value of minimum wage, social policies have achieved important results such as the inclusion of more than 30 million people who could climb out of poverty and participate in the market. The MDS created a single register of beneficiaries (Cadastro Único, or CadUnico) integrated with the records of different organs, such as the Ministry of Education, the Ministry of Health and the Ministry of Labour and Social Security. The low-income or poor families are those living with a monthly income below half the minimum wage per capita. Vulnerable families include those in poverty with a disabled member, or with a member with a chemical dependency or linked to crime, or using child labour, among others.

The CadUnico has served to map and identify people living in poverty, as well as those suffering from inequality and vulnerability. The MDS approach to beneficiaries is to expand the offer and the first access to the disadvantaged, the poor, those who are far from services, those whose needs are not being met, which are identified and "actively searched" by social workers in local communities to ensure their access and rights. The integration with other Ministries allows the MDS to identify and rescue children who are kept from the classroom or have not been vaccinated for some reason, such as violence, abandonment or child labour; these vulnerable children and their families, in particular their mothers are supported and protected in collaboration with all the institutions involved. This strategy aims to integrate human development with economic development (Bolsa Família Programme)". (Campello, 2013).

The CadUnico is fed in a decentralized way to transfer income and facilitate access to policies and programs, in addition to being a management tool, since it aggregates information from



municipal, state and national levels (Britto et al., 2004; Campello, 2013). Every two years the beneficiaries have to confirm their registration in their municipalities, through the social assistance centres (CRAS) or any other unit of public service, in order to ensure their accreditation. People who have already reached their economic autonomy are excluded from the CadUnico after a period of observation (currently 250 thousand people have been excluded).

The database has a breakdown of power to district level, and includes variables such as public facilities, home infrastructure, income level, monthly expenses, kinship, age, sex, place of birth, nationality to be, marital status, illiteracy, education, disability, colour/race, job benefits, different policies applied to families, documentation (birth certificate, identity card, CTPS, CPF, Voter Registration), social organization, ownership status and land use.

Therefore, CadUnico allows researchers to develop a monitoring and evaluation system of social policy that seeks to produce scientific evidence able to contribute to the reorientation of policies, programs, actions and protection services and social development.

However, CadUnico has some limitations: People declare their income to become qualified to receive benefits. Therefore, it is possible to have duplication of registration, since the same family can be registered in more than one establishment or municipality (on its own initiative) or due to "active searching" by local social workers. In addition, family members can misreport their income level, considering that the income of poor people is irregular and difficult to be estimated by themselves. It means that CadUnico is a source of information that does not undergo the same level of quality as the census or other surveys implemented by the Brazilian Institute of Geography and Statistics - IBGE.

The main programme supporting the majority of beneficiaries is Bolsa Familia, a programme of conditional cash transfers for poor families, who live with less than R\$140 per capita by month (almost US\$50). A set of other programmes provided by MDS is registered also at CadUnico¹.

Currently the CadUnico covers records of 25 million lowincome households, or about 80 million beneficiaries of MDS policies corresponding to 40% of the Brazilian population. In this study we selected the State of Bahia, whose capital is Salvador. Bahia has 417 municipalities in 565,000 km². In 2014, its population was estimated to be more than 15 million inhabitants; Bahia is the fourth most populous State, with around 8 per cent of the Brazilians. The population density rate was 24.82 inhabitants / km² and the household monthly nominal income per capita was 697 reais (around US\$ 250.00) and Bahia is positioned as the 7th ranked State in percentage of the Brazilian GNP. Situated in in the poorest Northeast Region, 30% of the population of the State of Bahia is registered at CadUnico.

From a quantitative analysis, more than 9 million individuals and 3 millions families registered at the CadUnico of the State of Bahia where analysed, and the unit of analysis for the statistical model were the households. The dependent variable was built with three categories: extremely poor, poor and not poor families, according to the official Brazilian poverty lines (cuts on R\$70.00 and R\$140.00). Independent variables were considered vulnerability factors related to extreme poverty and poverty, including characteristics of the head of the household, such as sex, age, race, work, migration, and household characteristics, such as size, structure, infrastructure, and expenses with services and with medicine, the last one as a proxy of health problems, and other vulnerability such as the presence of a disabled member. Two logit models were applied: 1 - Beneficiaries of Bolsa Familia and 2 - Beneficiaries of other social programmes who do not receive Bolsa Familia.

The qualitative study included interviews with four professionals working at the Centres of Reference of Social Assistance, contrasting the rules defined by the National Policy of Social Assistance with the discourse and practices built by professionals in their daily work to support poor and vulnerable families in field.

B. **Results**

1) Quantitative analysis. Vulnerability factors related to extreme poverty and poverty.

As expected, the results at Table 1 show that, for both groups: beneficiaries of Bolsa Familia and beneficiaries of other programmes, the higher the education level of the head of the households, the lower the probability to be poor and extremely poor, compared to not poor; men are unlikely to be poor or

Employment aimed at productive inclusion, initial and continued training); Child Labour Eradication Program (PETI) (to remove children and adolescents under 16 years old from child labour); Bolsa Família (Direct cash transfer of income to families in poverty and extreme poverty). Each social program has specific entry rules.



¹ Entering the CadUnico, the population can participate in various social programs: Social Electricity Rate (Discount on electric bill of up to 65%); Social Phone (Fixed telephony for low-income families, with reduced monthly subscription value); My Home My Life (discounts and subsidies for the purchase of homes, reducing the value of mortgage insurance); Water for All (Access to water for human consumption, food production and animal husbandry in rural areas); Housewife Retirement (Social Security benefits for lowincome housewives through a reduced contribution of 5% of the minimum wage); Green Grant (Quarterly Benefit of \$ 300.00 for families in extreme poverty in exchange for adopting environmental conservation actions in certain areas of the country): Technical Assistance and Rural Extension (Families of farmers in extreme poverty receive continued monitoring by multidisciplinary professional teams to produce market products and increase their income); Pronatec (National Programme to Technical Education and

extremely poor than women; younger heads of households are likely to be poor and extremely poor, compared to heads older than 60 years: the emphasis is on the highest probability of poverty among heads 18-24 years old;

For the beneficiaries of Bolsa Familia, the race of the heads is not relevant to be poor or extremely poor. However, among the beneficiaries of other programmes (different from Bolsa Familia), families with heads who are black and brown colour are more likely to be poor than families headed by white. It is relevant to register the higher proportion of women who declared be black and brown in qualitative analysis, in contrast to the database. This observation suggest that studies on how people are self-declaring their colour at institutions can differ from their self-declaration at home, in the presence of other family members and neighbours, or in a more personal interaction with the interviewer.

The work and pension of the head of the households are not significant for extremely poor families. In contrast, among poor families receiving other benefits different of Bolsa Familia, the unemployment of the head (not working) is related to a higher probability of being poor, compared to not poor; and having a pension decreases the probability to be poor, compared to not poor families receiving Bolsa Familia.

About family size: in both groups, the lower the number of family members, the number of children 0-5, 6-10 and 11-14 years of age, and the number of people per bedroom, so the lower is the probability of being poor and extremely poor, compared to not poor households.

The absence of child labour is the greatest factor impacting poverty and extreme poverty reduction for the three groups. Another high impact in reducing poverty and extreme poverty is PROHAB, which absence increases by 1.3 times the likelihood to be poor and extreme poor for Bolsa Familia beneficiaries, and almost three times the poverty and extreme poverty for the beneficiaries of other programmes.

The lower the expenses with food, the lower the probability to be extremely poor, considering as reference families expending more than 78% of their budget with food. In contrast, the highest expenses with energy, water, gas and medicine, the highest the probability of being extremely poor and poor, with greater relevance to the gas: households with the lowest expenses with gas are around four times likely to be extremely poor and around two times likely to be poor. This fact is important, since in the qualitative study it is possible to observe at least three cases of fire of residences, possibly related to the use of other more economic heat sources used by poor families, such as kerosene.

The types of family are not related to the probability to be poor or extremely poor, except for the Beneficiaries of Bolsa Familia, group where all family arrangements (nuclear, monoparental and extended) are more likely to be poor, compared to the one-person arrangement.

Migration of the heads and disabilities are not significant in determining family poverty. Although disability increases family expenses, almost all of these families receive a minimum wage of the Continuous Cash Benefit (BPC), an amount that is enough to overcome poverty for many families.

Families where at least one member without a birth certificate are likely to be poor and extremely poor, but it is significant only among the beneficiaries of Bolsa Familia.

The probability to be poor and extremely poor is higher in the metropolitan Salvador, compared to small municipalities; and poverty is less probable for families living in middle size municipalities, compared to the smaller ones.

2) Qualitative analysis. Discourse and practices built by public agents

The Centres of Reference of Social Assistance (CRAS) cover areas with maximum 2,500 vulnerable families. From 2009 to 2013 the number of CRAS increased from 5,499 to 7,986, approximately 44.9% nationwide, and the Northeast Region was the one with a higher proportion of increase (99.5%). (IBGE, 2013). The number of specialized centres on domestic and gender violence, chemical dependency and other vulnerabilities (CREAS) increased by 209.2% in the same period. Between 2010 and 2012, the amount of personnel at CRAS and CREAS increased from 51,692 to 68,275; the half of the personnel have higher education (mainly social workers, educators and psychologists), 41% have secondary education (social agents) and 9.5% primary school (cleaning and other services).

Because the policy of prioritizing the most vulnerable regions, the Northeast Region, where Bahia is placed, received greater investment and achieved higher growth over the years regarding the provision of social services, in particular the basic protection, by their socio-historical, this region has basic social problems like illiteracy, infant mortality, malnutrition, unemployment, child labour, among others, that add up to problems of big cities, such as violence, drug trafficking and the rise of the suburbs in its major cities (Macedo et al , 2011).

The State of Bahia has 417 municipalities, and of these, in 2013, 414 had a total of 602 CRAS. The metropolitan area of Salvador, the capital, is composed of 13 cities, and in this qualitative study the focus is in the four most populous: Salvador, Camaçari, Lauro de Freitas and Simões Filho. In these four municipalities there are 35 CRAS operating, corresponding to the parameters of the population size to be covered. Vulnerability and poverty are higher in Camaçari and Simões Filho, where the Human Development Index are below 0.75, compared to Lauro de Freitas and Savador, where



HDI is above 0.75. The urban household income, both the media as the median, is also significantly lower in Camaçari and Simões Filho.

The distribution of professionals is relatively proportional to the number and the full qualification criteria of installed CRAS. Altogether Salvador has 333 professionals (99 social workers, 50 psychologists, 30 professionals from other toplevel training, 82 mid-level professionals and 72 without vocational training; in total there are 179 higher education professionals and 154 employees with middle or basic education (46.25% of the total).

Camaçari has 133 professionals (18 social workers, 17 psychologists, 24 other top-level professional, 47 mid-level professionals and 27 professional with basic education). Lauro de Freitas has 59 top-level professionals and 74 with basic education, 55.64 % of the total. Simões Filho, has 36 professionals (10 Social Workers, Psychologists 10, 9 mid-level professionals and 7 without vocational training), 20 top-level professionals and 16 with basic education, 44.44% of the total.

Considering the established rules, the CRAS at these four municipalities achieve the minimum level of four professionals with higher education, including a minimum of two social workers and a psychologist. The CRAS of Salvador and Lauro de Freitas even double the minimum expected, with a huge availability of field resources to carry out their activities. As the high number of college-educated professionals provides sufficient qualified human resources for the implementation of activities, this allows the CRAS coordinator to devote his time exclusively to the management work and to ensure institutional coordination with other sectors and with instances of social participation.

Although the expansion of CRAS in these municipalities, and the personnel available to support and monitor poor and vulnerable families and to ensure the quality of services offered, the professionals interviewed consider these conditions not enough to accomplish their functions and to assume their duties properly. They recognize as an advantage the fact that their objectives and functions are clearly predefined by the National Policy of Social Assistance; and they confirm they receive enough training; moreover they demonstrate in the interview they have adequate and correct answers about policies, goals and procedures to follow. However, they consider that they have too many functions, and an excessive workload for the journey.

Moreover, two social workers interviewed disagree that only poor and vulnerable families should be attended by the CRAS. They have a divergent opinion, suggesting an expansion of their responsibilities for the entire population, according to the principle of universal rights, to serve the entire community. The facilities and operational resources, particularly computers, printers, Internet and transportation, are considered insufficient and fragile by all interviewees. They believe that there should be more space for meetings and more individual attention rooms in the CRAS, and they consider that computers and Internet available are insufficient to register population data on CadUnico. But the main complaints are related to the lack of an exclusive transport to make home visits, and the need for financial resources available for spending on activities such as lectures and courses for the population served.

In contrast to the local discourse of professionals, the MDS rules and personal affirm that financial resources are provided, and the team in each CRAS has the responsibility to use and decide about these resources, inclusive to acquire a car, if they consider it relevant.

The perception of institutional actors on policies and rules of social assistance.

Faced with this perception of the personnel on the insufficiency of available resources, it is noteworthy that the interviewees express huge concerns about the excessive size of the population to be covered by the team, but at the same time, they propose to extend this coverage to the entire population, by joining a Universalist vision of social assistance. And moreover, adapting this divergent discourse to justify the impossibility to do their work properly.

The perception of a reality with limits of time, space and resources is contrary to the idealization of extending demand, that is, increasing the population covered by CRAS, even adopting a discourse of criticism about the resources limitation, but without explicitly propose an expansion of the existing resources.

It should be noted that this contradiction is not based on a realistic assessment that the professionals perform on their specific working conditions, but in a difference with the ideological principles that underlie the concept of vulnerability of the population, as well as the operationalization of this concept by focusing the policy priorities exclusively in these groups.

The political and social actions implemented by CRAS

Regarding benefits, Bolsa Familia and the Continued Cash Benefit for disabled people (BPC), the personnel interviewees say they can only monitor cases of beneficiaries who seek CRAS when there are failure or problems in accomplishing education and health conditions, i.e. when the beneficiary receive information directly from the MDS about the risk of losing their benefit. In these cases, the beneficiaries seek the CRAS to receive information and support. The solutions provided by the interviewees to support these families rely



mainly on referring them to another centre of registration, since they affirm they cannot access the CadUnico system online. In Salvador, the interviewee "asks the beneficiary to verify absences of children at school and at the health centre, she asks the mother for the vaccine and consultation certificates, and open the request in CRAS".

By asking the interviewees if they perceive that the recipient feel some fear of losing the benefit, one of the interviewees answered that she does not know if there is this kind of fear. This statement draws a lot of attention, since, according to several previous studies, and according to this study, beneficiaries expose clear and very frequently that this is their main concern.

This lack of perception of social professionals about the main concerns of the poor and vulnerable beneficiaries to be assisted and supported shows a weaken proximity and sensitivity in relation to the beneficiary needs. On the other hand, the same professionals relate their serious concerns about the cost of time spent by the beneficiaries in the queues to ensure their re-registration in the program. And, instead of suggest a solution to eliminate or reduce queues, they suggest cuts in the programmes to poor and vulnerable population: "The program should be temporal, because they are demeaning stand in queues, instead they should be trained to study and to work." Moreover, all of them do not relate spontaneously knowledge on the component of the national policy to promote study and work among beneficiaries (PRONATEC), which is among their own attributions.

Three professional interviewed explained that most families did not receive home visits by CRAS officials, confirming that families were not being followed as expected, and they justify their failure with the "large demand and overloading of the CRAS team", but mainly with the need to have a car exclusively for the team to do these monitoring visits. This accommodated attitude would generate a high index of suspension of benefits, since several women in these families are illiterate or with a very low level of education, and families are looking for the CRAS to get information and support, but referred to the central register centre, to make a new registry, any way overloading their work.

At the same time, answers about the CRAS perform in solving complaints and investigating irregularities show contradictory discourses: "all the staff speaks a lot (about complaints and irregularities), but no one wants to denounce". One interviewed claims that professionals should be proactive to refer the cases of irregularities observed, "But when there is an irregularity, as we do not have access to CadUnico (due to the lack of Internet), it should be headed by the right organ, which enables you know, prove this irregularity. "

The first speech shows contradictory aspects, because, at the same time, the professionals removes their own responsibility on the alleged irregularities, as well as their responsibility and obligation to denounce it, and they assume the same position of common sense, to criticize the alleged irregularities, as if they were unrelated to their own functions. This discourse sets up a seemingly critical distance to the conditions of service of the recipient, and, moreover, it does not demonstrates a commitment to take responsibility for correcting possible irregularities on which the CRAS is the main institutional agent with responsibility, obligation and institutional power to act as represents the State in their territory of operation. In the second case, the reference system is the path chosen to register and transfer the responsibility to find solutions and to correct the irregularities.

This attitude shows a distance of respondents on the rules and their established functions and, at the same time, conflicts with the focalization in poor and vulnerable population, the main principle and strategy of national policies.

Such contradictions are reinforced when analysing the answer to the question about whether there is violence and discrimination in the community served by the CRAS: "It is not our jurisdiction. People have the Dial 100 for it. Sometimes they ask us to check some situation. We do not invent anything that is not of our competence, our expertise, that is actually basic protection, so if there is something like this, we refer to the network, we work in network. "

The review made by professional about the limitations of available resources could create new conditions for the care improvement, oriented to search for problem solutions and negotiation among partners to achieve their objectives and regulatory functions.

However, the critical and accommodated point of view of professionals is combined in some cases with a low compliance of the institutional principles and rules. This divergence between the functions established and practices built by the social workers in their daily work, distance these professionals from the possibilities of building new conditions or cooperation practices to overcome the current limitations, and their discourse and practices contribute to perpetuate the alleged limitations, more than to overcome them. Poor compliance with the principles of the social policies generates decisions and practices guided by their critical and universal principles, but not necessarily build the conditions for cooperation and overcoming problems. In summary, emerging new decision rules built by the social workers based in a discourse of criticism could strength collaboration and the completion of a minimum of set functions, but these discourses and practices are just competing with the goals of social assistance, mainly the home visits for monitoring, supporting and providing information and promoting beneficiaries empowerment, so relevant to guarantee the social inclusion of poor and vulnerable population to overcome their disadvantages.



These divergent rules built in practice, based on critical and divergent discourses, developed by real actors perceptions and prejudices, may interfere with the individualized attention, in the provision of an humanized and fully ideal of cooperation between institutions working in network. An emerging trend includes restrictions and refusing in providing services to the beneficiaries, and the automatic reference to other institutions, which are further away from their local reality. This new rule finally breaks one of the central principles of the national policy, which is the approach to the problems of vulnerable families in a holistic manner, bringing together under one roof the reception, the attention and the reference, thus reducing the economic costs and time access to education, healthcare, training, justice, and other social services. If one of these components is weakened, the prevention, inclusion and comprehensive care would be compromised.

By failing to act directly and more closely to the community to meet all of your needs, the CRAS can not fully adhere to the established rules, since the conflicts with the principles of the policy can potentially create or strengthen the barriers of distance, economic and timing costs, which hinder the full access and a more efficient approach of vulnerable populations to policies. This contradiction could also reinforce the segregation of the populations served, particularly the extremely poor and the most vulnerable, because they are the ones who have difficulty accessing and are the less empowered to ensure their rights.

Inter-institutional reference networks and collaboration in social assistance

The analysis of inter-institutional interaction and networks based in CRAS as a reference point and the gateway to all social policies, included those offered by NGOs accredited by MDS, as well as of public services of education, health, child protection agency, notary, and all that may be involved in the protection needs of poor and vulnerable population.

Public institutions, particularly education and health, compose the most relevant inter-institutional networks to ensure the actions taken by CRAS, involving local schools, basic health units and hospitals.

The interviewees refer primarily their work with schools as the most relevant in their contacts. However, they only report that they know projects implemented at schools, which sometimes offer lectures on drug prevention. Schools are considered the most active partner. One interviewee work with the Social Security Institute, organizing lectures for seniors groups and pregnant women, and report that the basic health unit develops activities and invite the CRAS staff to participate, but these links are not as frequent or solids: "The contact exists, but, if the network is running, it is another story. Here the relationship is with the school. In the health unit they are not getting that part of the psychological and psychiatric support, unfortunately due to demand in the city this has been suspended. So, it depends on..., because the network is made up of various sectors, so some parts of the network work, but others have their difficulties. "

Working in networks is considered relevant, since other agencies can implement joint activities, for example, schools refer people in a situation of emergency to receive food, or they report the death of a person in vulnerable situation, and the family needs support of funeral assistance. They also refer some examples of joint work with the Justice.

One interviewee works with the Security Community-Based, promoting courses jointly, providing information on technology to young people. Another joint work with universities provides nursing attention to pre and postpartum pregnant women.

However, the interviewees did not spontaneously report interinstitutional activities or networks built by their own initiative. By asking for examples, collaborations are cited as invitations by other organs offering lecture and inviting the CRAS. This certain distance of the inter-institutional and networking is confirmed when professionals are asked about the proximity of the interviewees with the managers of these services. One interviewee reports that knows the health posts, but do not know the managers, though she believes that "more is needed in health facilities." A relevant partnerships to promote citizenship is the Taxpayer Attention Service (SAC), in case of poor and vulnerable population need to grant documents; and the beneficiary need tutoring assistance, specifically to justice desk.

Relations with civil associations and their leaders, such as religious organizations and NGOs as possible partners was another discussion with the professionals. In relation to the churches, all interviewees report that there is a great diversity of churches in the communities in which they work. However, most of CRAS does not know the religious leaders neither the social programs developed by them. One of the interviewee refers to "An evangelical church in front of the CRAS, which has a Specialization Centre to prevent drug addiction". However, they do not participate in activities. Although the interviewee recalled that church members "know leaders who work with child exploitation, made joint activity, playful, about beauty, aesthetics", the CRAS does not establish a close collaboration with the church. Only one interviewee know and collaborate with the programs developed by the churches.

Regarding NGOs, in some cases the interviewees do not know these organizations or what the social work done by them. But in other case there is a strong partnership with a community school.

Neighbourhood associations are the civil institutions that establish more links with two of CRAS considered in this study. One interviewee knows the leaders of the four neighbourhood associations of her coverage area. However,



she criticizes that "The work of these associations is focused only on politics. Do not you think contributes to a greater sensitivity to the community's social problems because "eh much individualism". However, in the same speech appears a contradiction, because the interviewee recognizes that one of the residents 'associations' help her work, because "the region has many murders." In the capital, Salvador, the interviewee cited a concrete joint work with neighbourhood associations, including complex and diverse projects, training courses, sport, computing, among others. The CRAS itself is established inside the local Residents Association.

Comparing the work in networks of the four analysed CRAS, it appears that the institutional rules promote inter-institutional actions and networking. The speech of the respondents is fully adherent to this objective and principle of operation of the CRAS, as reception unit and reference of the recipient through a network of services that extends far beyond social assistance, covering public and charitable services and civil organizations, this comprehensive and universal characteristic of social assistance is sought by the interviewees in his speech.

There is a total coincidence between the regulations and the perception of the interviewees on the system of reference and counter-reference in networks, as a model for troubleshooting and providing comprehensive care. However, this harmony with institutional rules and principles are not reflected in real practices in some cases. As in this case there are no differences between the institutional rules and practices of the respondents, one would expect to find a high number of partners, an extensive network of connections and an intense flow of information and joint actions. But this occurs only partially. In the case of SSA the strongest networks are with civil organizations, but they are fragile with the utility grid. At the other extreme, three cases of network and interconnection with other institutions are reported, but it is clear the distance and the fragility of inter-institutional cooperation, which could make it difficult for the information and assistance if multiply quickly through the network system together.

Conclusions

It is important to recognize the existence of certain contingencies and barriers that could limit access of the population to CRAS:

1. Mobility to access the resources: accessing local services and programs requires time and financial costs, which are scarce for poor and vulnerable population.

2. Home visits and individualized attention is assumed by professionals to be scarce or inexistent.

3. Professionals do not agree with the objectives and rules of national policies, assuming non-cooperative practices and creating new practices and unscheduled rules, competing with the goals of social welfare policies.

4. Professionals can take distant behaviours related to the needs and demands of poor and vulnerable populations

5. Restrictions on mobility, dissonant rules and distant behaviour of the population, emerging elements of the practice of some members of the technical team, can strengthen the continuing segregation of vulnerable social groups and limit the results of implemented policies and actions.

Considering the results of the logistic models, the main factors related to the poverty and extreme poverty of the population included at CadUnico are complex, such as adult education, high child dependency, child labour, having a member sleeping in the street, habitation deficiencies, high expenses with services, particularly with gas, that implies in new risks for extremely poor families, as well as racial discrimination and poverty in the Metropolitan area of Salvador, the capital.

The proximity of social policies and social workers from CRAS at local level to support and visiting these families is an important key to provide information on social policies available, to include these groups in adult education and in empowerment processes. The work of CRAS and the interinstitutional network have the potential to make a difference, and it is indispensable to deconstruct prejudices and practices of resistance with the goals and opportunities opened by social policies and social assistance infrastructure, and to promote the commitment and humanization of the work of public agents, monitoring and improving their practices to overcome difficulties in their field work and their proximity and sympathy with poor and vulnerable population.



c. Table 1

-	NO PBF		PBF	
VARIABLES	Extremely poor	Poor	Extremely poor	Poor
Head 0 education	1,243***	1,014	1,324***	1,073***
1-4 yrs of education	1,520***	1,305***	1,644***	1,222***
5-7 yrs of education	1,771***	1,554***	1,591***	1,295***
8-10 yrs of educacion	1,351***	1,290***	1,236***	1,125***
Head Men	0,828***	0,880***	0,785***	0,927***
Head<13 years old	4,869***	4,266***	2,245***	1,997***
Head 15-17 years old	4,983***	3,910***	2,597***	2,242***
Head 18-24 years old	6,916***	5,207***	2,560***	2,240***
Head 25-35 years old	4,738***	4,235***	1,992***	1,881***
Head 36-59 years old	4,200***	3,645***	2,087***	2,043***
Head white	1,097	1,066	1,088	1,092
Head black	1,190***	1,153*	0,925	0,971
Head oriental	1,319***	1,302***	1,042	1,072
Head brown	1,144*	1,115*	1,022	1,048
Nobody work	1,013	1,016*	1,008	0,997
Nobody with pension	0,994	1,004	1	0,983*
Nobody was migrant	1,003	1,007	0,999	1,001
Nobody is inable Monoparental and	0,992	0,98	0,972	0,965
other	0,988	0,979	0,957	1,188***
Extended	0,983	0,972	0,964	1,154**
Nuclear	0,991	0,988	0,955	1,141**
< 1 person per room	0,389***	0,706***	0,511***	0,826***
1-2 persons by room	0,687***	0,97	0,721***	0,983
0 Child 0-5 yrs old	0,277***	0,470***	0,418***	0,706***
1 Child 0-5 yrs old	0,542***	0,723***	0,632***	0,856***
0 Child 6-10 yrs old	0,543***	0,700***	0,641***	0,842***
1 Child 6-10 yrs old	0,564***	0,687***	0,702***	0,856***
0 Child 11-14 yrs old	0,794***	1,052	0,617***	0,748***
1 Child 11-14 yrs old	0,951*	1,145***	0,712***	0,846***
No Child labour	0,649***	1,012	0,717***	0,738***
1 person household	0,366***	0,191***	1,178***	0,579***
2 persons household	0,445***	0,288***	0,783***	0,490***
3 persons household	0,472***	0,346***	0,692***	0,340***
4 persons household	0,479***	0,603***	0,482***	0,320***
5 persons household	0,763***	0,962	0,900***	0,811***
No register member	0,766***	0,762***	0,912***	0,994
No PROHAB Program	2,747***	2,967***	1,376***	1,270***
No sleeping on street	0,648***	0,852***	0,767***	1,011
0 food expenses	0,682***	0,771***	0,865***	0,907***
1st Quarter food exp	0,841***	1,142***	0,769***	0,956***
2nd Quarter food exp	0,768***	1,052***	0,856***	1,061***
3rd Quarter food exp	0,704***	0,986	0,846***	1,042***
< average energy exp	1,501***	1,183***	1,441***	1,178***
	1,797***	10		1,291***
< average water exp		1,347***	1,793***	
< avarege gas exp	4,878***	2,413***	3,337***	1,491***
< average medical exp	1,591***	1,213***	1,385***	1,061
Salvador Metropoli	1,252***	1,652***	0,657***	1,118***
Middle size municip.	0,606***	0,935***	0,297***	0,697***

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