

**Contribution to
Committee on the Rights of the Child
Day of Discussion
Children Without Parental Care
16 September 2005**

Claudia Cabral

Contributions to international standards for the protection of children in out-of-home care

Claudia Cabral¹

At a time when international standards for the protection of children in out-of-home care are being discussed, a national process for developing new policies and standards in this area of child protection has been occurring in Brazil. This paper seeks to contribute to the Committee on the Rights of the Child's Discussion Day by summarizing some of the conclusions reached by Brazil's Inter-Sectoral Commission to Promote, Defend and Guarantee Children and Adolescents' Rights to live in Family and Community Settings.

Brazil's contribution is believed relevant to both developing and industrialized countries that are trying to revert traditional excessive use of residential care orders, as a child protection measure - in many cases as a first response to situations of family poverty - rather than providing relevant family support policies and programmes to avoid separating children from their families and communities.

Recurrent institutionalization has played a major role in the history of children withdrawn from parental care in Brazil. It has also made a great impact on assistance-related procedures for the poor. The practice of creating large institutions to meet the needs of the underprivileged became firmly established over the past century. It is only since the 1990s that the country has seen a more concrete trend towards alternatives to institutional life. Experiments in foster care and half-way houses for adolescents and youths are still very recent. Removing children from their families and placing them in collective care institutions, for reasons of poverty alone, continues to this day. Such a practice needs to be urgently reviewed.

Studies and surveys have proven the perverse effects of institutionalization, and have also provided evidence of the high numbers of children involved in this practice.

During the 1980s and 1990s, the Foundation Terre des Hommes/Lausanne observed the adaptation of children from Colombia, Brazil, Portugal and India who were sent to Switzerland for international adoption. Information gathered during that time has shown that the Brazilian children had greater problems adapting due to the institutional experience they had had in Brazil. This included the frequent breaking of bonds, systematic relocations and impersonal care. The experience had such a great impact that it jeopardized the establishment of new, long-lasting and gratifying bonds.

Recent research has shown an alarming picture of the numbers of children placed in an institutional environment. IPEA, the Brazilian Government's Institute for Applied Economic Research, has conducted a survey of 589 institutions that receive

¹ Psychologist, specializing in family therapy and with post-graduate studies in education; Executive Director of the Brazilian Terre des Hommes Association (Associação Brasileira Terre des Hommes - ABTH); Consultant for UNICEF/Brazil; Consultant for SSI/Geneva. Additional references in Annex 1.

federal funding. It is important to note that there are many other institutions that do not receive federal funding and were therefore not included in this survey. In the book "O Direito à Convivência familiar e Comunitária: Os abrigos para crianças e adolescentes no Brasil" (The Right to Family and Community Based Care : Residential Care Institutions for Children and Adolescents in Brazil), IPEA² presents the following statistics:

589	Residential care institutions that receive federal funding
19,373	Children and adolescents housed in these institutions
86.7%	WITH family ties
11.3%	WITHOUT family ties
52.6%	Remain in the institution for over two years
2-5 years	Average length of time in these institutions
67.2%	Institutions with a religious orientation

Reasons for placing the children surveyed in the care institutions include the family's lack of material resources (24.1%); abandonment by parents or guardians (18.8%); domestic violence (11.6%); parents' or guardians' addiction to chemical substances (11.3%); living on the streets (7.0%); orphaned (5.2%); imprisonment of parents or guardians (3.5%) and sexual abuse by either parents or guardians (3.3%).

At the end of 2004, the Brazilian Government established an Intersectoral Commission for devising a new National Policy and Action Plan to Promote, Guarantee and Defend the Right of Children to Live in Family and Community Settings. The Commission's objective was to interrupt the recurring cycle of institutionalizing children and adolescents. Its task was to present proposals to be integrated into and complement the Legal Framework currently in force.

The Commission, set up by Presidential Decree on October 19, 2004, was decidedly inter-sectoral. It included players from the three powers (the Executive, the Legislative and the Judiciary) and from the three spheres of government (federal, state and municipal), integrating the different basic social policies, the Federal Government planning sector, with various levels of social participation and control that incorporate the Rights Assurance System³. The United Nations Children's Fund (UNICEF) Actively

² Silva, Enid (org.). *O Direito à Convivência Familiar e Comunitária: os abrigos para crianças e adolescentes no Brasil*" (The Right to Live with Family and Community: shelters for children and adolescents in Brazil) Brasília:Ipea/Conanda 2004

³ The Child Rights Guarantees System is the implementation mechanism for the Convention on the Rights of the Child and the Children and Adolescents' Statute in Brazil. It comprises a series of actors and mechanisms for rights implementation and exigibility. This involves an intersectoral network that looks after the welfare of children and youth, and includes all strategic players responsible for implementing, controlling and legally guaranteeing access to integral protection and social rights established under the Statute of the Child and Adolescent (Estatuto da Criança e do Adolescente - ECA). Strategic players: The Judiciary, Rights Councils, Guardianship Councils, the Department of Justice, the Public Defender's Office, NGO Defense Centers and Forums, Social and Educational Units, the Police Department for the

participated in the Commission, provided technical support through expert consultants and provided the international context for this national policy formulation and its links to efforts to develop international standards on children in out-of-home-care.

The Commission provided its proposals to the federal government on 15 April 2005. Following the identification of relevant government programmes and budgets, the draft Action Plan will be debated and approved in the National Child Rights Council and the National Social Assistance Council later in 2005.

The National Action Plan is being developed within the relatively new normative context of the Convention on the Rights of the Child. Its regulatory framework has been established only recently, after the country's re-democratization. The national legal framework for the promotion and defense of the rights of children and adolescents in Brazil was specified in the 1988 Federal Constitution, and by the 1990 Statute of the Child and Adolescent (ECA), the 1993 Social Assistance Organic Law (LOAS) and the 1996 National Educational Guidelines and Framework Act (LDB). This new framework provides the necessary break with traditional religious and assistentialist philanthropy, opens a new era for social policies and paves the way for a rights-based public policy for social welfare.

Brazil has a long history of the institutionalization of poor children and adolescents. Over two centuries an eminently assistentialist approach set the standards for social policies that were characterized by:

- A moralistic concept of poverty: casting the poor as lazy or indifferent, with vices or bad habits; as incompetent or incapable of self-management and of caring for their own children. They must therefore be both protected and indoctrinated;
- Personal and top-down relationships permeating services rendered, almost always perceived by users as a "favor", thereby generating dependence and clientelism;
- Delayed and unsystematic approaches, which are carried out in an individualized and de-contextualized manner;
- Idealism regarding the final product, without the required pragmatism in the medium-term, developing a culture of improvised or amateur management.

Negative representations of families whose children were the clients of social welfare services played a strategic role in childcare policies in Brazil until quite recently. Especially in the 1920s, lower class families were the target of studies and theories on their alleged inability to educate and discipline their children. For example, the concept of family dysfunction was based on the rationale that single mothers who resort to social welfare by placing their children in state-run corrective and/or educational institutions were "indifferent" and "insensitive".

The discussion on the families' assumed incapacity to educate and protect their own children was taken over by the Public Authority, which began to develop paternalistic policies aimed at social control and repression, especially for the poor. The exclusion of poor families, who were considered incompetent, provided ideological support to the recurring practice of temporary suspension of parental powers or depriving parents of their responsibilities towards their children.

Despite a growing revision of paradigms, especially those proposed under the 1990 Statute of the Child and Adolescent (ECA), traces of stigma, discrimination and prejudice towards poor families still remain. How can this attitude towards the families' incompetence in raising and educating their children be changed? Most professionals have been taught to seek weaknesses and so-called deviations in the nuclear family model, rather than the qualities, skills and abilities that the family may have, whatever its structure.

In contrast, in line with the new vision of family empowerment, the role played by professionals is no longer to give advice or diagnose errors. It is rather to work hand in hand with the family, trying to find out what the family knows, its potential, its dynamics and its ability to solve its own problems.

The stigma of the "unstructured" or "inadequate family" burdens the child with the dilemma of either collaborating with the institution and excluding his/her own parents, or working together with his/her parents and de-authorizing the institution. And when both institution and family fail, the child automatically is deemed guilty. The battle between the strengths of the family and the institution involves the imposition of the professional's point of view and quite often ends up suspending or depriving the family of its power. Although experts and new public policies indicate the need to reverse such a paradigm, much work remains to be done, especially towards the development of new parameters, procedures, guidelines and methodologies for action.

CHANGING PARADIGMS		
Limits	X	Possibilities
• Dependence	—————▶	Co-construction
• Judgement	—————▶	Respecting diversity
• Advising	————▶	Sharing information
• "The saviour"	—————▶	Self-solution

Changes must involve society as a whole and be consolidated through the actions of both public policy managers and Child Protection agents. Specific family contexts must be prioritized, where children and adolescents may experience development in an integral manner. Such "family contexts" refer not only to the nuclear family, but to the whole network of family bonds, including the different forms of residential and foster care⁴, and adoption.

This approach is based upon the assumption that human identity is sustained by bonds. The possibility of affective and moral exchanges and the construction of values and life-projects give meaning to living in society. As children and adolescents taught society throughout the twentieth century, having and keeping bonds is truly everyone's right.

⁴ See definitions of Residential Care and Foster Care in the glossary (Annex 3).

VISION OF THE FUTURE –

A clear picture of what we want in the future both guides us and helps us find our own path. A "vision of the future" is useful, not as a utopia disconnected from reality's current limits, but as a description of an ideal that one aims to achieve, with ideas for action and reflection.

Building a scenario means building a story with a future. It implies moving beyond the tendency to draft plans as a circumstantial response to immediate problems. It also enables us to find a way to help make a much broader range of changes, depending on what we want to achieve.

The description herein proposes a scenario that is possible in the long run if the National Action Plan developed by the Intersectoral Commission is implemented. It therefore provides references to institutional actors within the Brazilian context, but should be general enough to indicate issues for wider application. The Action Plan was designed at a moment when a new Unified Social Assistance System is being negotiated and rolled-out in Brazil. The new system with different responsibilities at district, municipal, state and federal level provides the basis for the rational distribution of social assistance resources. Support for families is divided into "Basic Social Protection" including income and skills generation, and "Special Social Protection" applicable when rights of family members are threatened or violated.

Special Social Protection of Children / Adolescents without parental care (future scenarios) – *decisions regarding type of care*

Within the remit of Special Protection under the new Unified Social Assistance System, a team from the local administration is called upon to meet each family demand on an individual basis, with the objective of reversing the condition of risk initially presented. The child's removal is avoided and the case is monitored for the required period of time. Services are focused on preparing the family group for autonomy through its inclusion in income-disbursement programs, capacity building and insertion in the labor market. At the same time, the family is monitored through interviews, home visits and family group activities. These are great opportunities for helping families in the community.

The team of professionals responsible for the follow-up of special protection cases remains in constant contact with basic protection services. It also receives ongoing training and supervision, as it has to deal with the difficult task of providing an opinion on whether to withdraw children from their families or keep them where they are.

In "exceptional" cases, where the child must be removed from his/her family environment, he/she is referred to the residential or foster care program that best meets his/her needs.

Admission of child to the Special Protection System

The professional who approaches the child or adolescent in a situation of risk has a warm and receptive attitude. He or she understands the development stage of the child's life cycle (and the needs at that age), is aware of the relationships and bonds already established by the child/adolescent and has a strategic vision of the Rights

Assurance System and the network of services that he or she can count on in the municipality for that particular case. The professional's attitude is the first measure of protection in the situation of personal risk that the child may be facing.

That professional is connected to a reference team known throughout the region for being responsible for preparing a diagnosis and referring each child or adolescent in need of special protection. That team is preferably associated to the local administration.

The diagnosis of each case takes into account the *exceptional character* of a residential care or foster care measure, preferably examining the possibilities of keeping the child or adolescent in his/her family and community environment. This is done through follow-up services provided by Social Welfare and Family Support Programs. The team is extremely mobile, thus ensuring that both home and institutional visits will be made to provide subsidies in case the decision is made to relocate the child or adolescent. Professionals inform the family and child of the provisionary and transitory nature of such a measure. As a basic protection principle, the attitude of the professional team in this initial approach is focused on its trust in the family's ability to reorganize itself.

Residential Care

A single municipality offers several different modes of residential care:

- Transit center⁵;
- Full care small-scale shelter;
- Partial care small-scale shelter (closed on weekends);
- Safe house;
- Hostel.

Every residential care program is duly registered with the relevant authority (Municipal Council for the Rights of Children and Adolescents - CMDCA) and meets the requirements of the legislation in force (article 92 of Brazil's Children and Adolescent's Rights Statute). It will adopt as its *basic guidelines*:

- **A warm and receptive attitude upon the child or adolescent's arrival and during the entire period of his or her stay;**
- **The ongoing capacity building of all program professionals, thus ensuring a basic knowledge of the different stages of child development as well as the existing literature on bonds, losses and basic care. Training includes participatory approaches to be communicated through interactive workshops, thus incorporating the learner's own experience;**
- **An educational project⁶ with: a) An institutional routine with a personalized service that establishes an individual life plan for each child and adolescent, giving due priority to maintaining existing family bonds; b) Constant updating of each child's/adolescent's records; c) An internal flow of communication**

⁵See definition of these terms in the glossary (Annex 3).

⁶ See concept in the glossary (Annex 3).

between the institution's different sectors and an external flow of communication with the Network of Services and the Child Rights Guarantees System.

Like the diagnostic team, the main resource program professionals (coordinators, teachers, general services, technicians and volunteers) show a caring and respectful attitude towards the child/adolescent and his/her family.

The *provisional nature* of residential care and the *transitory nature* of such a measure is a part of this work routine, which focuses on the child's affective relationships before and after removal. Teams of professionals with human science training work systematically towards reinforcing family bonds and on defending the rights of children and adolescents living in institutions to live with their family and community.

Foster Care

Foster care programs are incorporated into municipal public policies as an alternative to institutional shelters. They are recognized as a measure of child protection and defense of the right to family and community life. In each municipality, Rights Councils and Public Administrators establish criteria for foster care programs in compliance with the following *basic guidelines*:

- **To give priority to foster families located close to the foster child's biological family (whenever possible);**
- **To establish criteria for the selection and preparation of foster families, including follow-up by the expert team, who will conduct interviews, home visits, and hold interactive group meetings with both foster and biological families;**
- **To include the following measures in the systematic follow-up of each foster family case: a) The procedure's formalization (regularization of guardianship); b) Concession of a financial subsidy for the foster family's child maintenance-related expenditures; c) Constant proximity of the foster family to the biological family to maintain the continuity of bonds established by the foster children and adolescents; d) Full consideration of the opinion of the child and his/her family in foster care-related decisions.**

The *provisional nature* of foster care and the *transitory nature* of such a measure is part of this work routine, which focuses on the child's affective relationships with its biological family. It is preferable that the members of the professional team of foster care programs have degrees in Social Work, Psychology and Education. They will be working jointly on the reorganization of the biological family bonds, using their capacity to change and reverse the initial condition that lead to the child's removal. Such family restructuring includes psychological, educational, social and economic aspects related to the family as a group. The teams' ongoing capacity building in areas related to family issues and social welfare is essential for ensuring the children's rights to family and community based care. .

Foster family programs are special protection arrangements that aim at eventual reintegration into the biological family. They are not a pre-adoption trial period. Only in *exceptional cases* may a foster family arrangement lead to adoption. This would only

occur after serious attempts have been made to invest in the biological family, be it extended or nuclear.

All efforts will be made to avoid that the foster family arrangement becomes a permanent one. The continuity of the foster family arrangement shall only be considered in *exceptional cases*, when it is recommended based on the monitoring and close observation of the original family, and the quality of the bonds established with the foster family. The *systematic monitoring* of the arrangement by the team of experts is foreseen to avoid that the child or adolescent remain a "guest" forever.

Reintegration into the biological family or removal of family powers –

Children and adolescents taken into special protective care, should be those who have suffered from an extreme lack of protection, which indicates the need for state intervention.

Of all the stages in an individual's development, childhood and adolescence are the most vulnerable, requiring special protective care by the family, society and the state. In its absence, swift and efficient intervention is required, to avoid jeopardizing the child's development and that of social and family group as a whole. Studies conducted over the past 50 years have provided substantial evidence on the importance of parental care and the losses caused by institutionalization. Protective measures must first and foremost help strengthen the quality of parental bonds.

Any type of professional attention that targets a child or adolescent at risk must first invest in supporting the biological family in its capacity to protection and care for its child members. Specialized human resources teams using this approach in residential and/or foster care should undergo continuous capacity building, and observe the following *principles and guidelines*:

- **Understand the present condition of the child or adolescent to be attended by having basic knowledge on child development stages;**
- **Respect the bonds that are meaningful at the moment the fostering takes place and consider them an investment strategy throughout the follow-up of the case;**
- **Carefully assess the lack of protection compared to the effects of a rupture in existing bonds, to ensure that removing the child or adolescent from his/her context will be used only as an exceptional measure;**
- **Constantly focus on caring for the adult who cares for the child, or the one who the child would like to care for him/her;**
- **Study the dynamics of the biological – nuclear and extended – family in depth, "encouraging changes" and assessing the family's pro-active capacity to reorganize itself;**
- **Analyze the family's social context, encouraging its access to the service network and encouraging them to seek their own solutions;**
- **Assess and encourage the family's capacity for autonomy and economic independence, to be achieved through the efforts of its adult members;**

- **Analyze the family's involvement with the project, its capacity to make demands and possibilities for its self-transformation;**
- **Conduct a constant self-evaluation by substituting "counsel and judgment" for "trust and encouragement of the abilities" of family members;**
- **Respect cultural diversity by approaching each case from an anthropological perspective;**
- **Respect the families' planning and decision-making process by using a participatory approach;**
- **Maintain a political relationship with the public services available in the region where the families live;**
- **Maintain partnerships with other complementary projects, thus optimizing results.**

The follow-up process aimed at reintegrating the child into his/her original family will highlight the importance of the following aspects: a) The inter-disciplinary and complementary work (of the different fields of knowledge, taking into account the required areas of expertise); b) The concession of financial subsidies, as an economic complement to the psycho-social follow-up (to be viewed as a tool for achieving autonomy); c) Regular follow-up to be provided by means of home visits, parent groups and individual interviews, alternating these services, thus guaranteeing constant contact with the family once the child is living there again.

Residential care or foster care *precedes* reintegration and reinforces the measure's provisional and transitory nature. The family reintegration follow-up team understands that the true re-integrative work takes place *after the child returns* to his/her family. The monthly contact with the original family *upon the child's return* may last an average of 12 to 18 months.

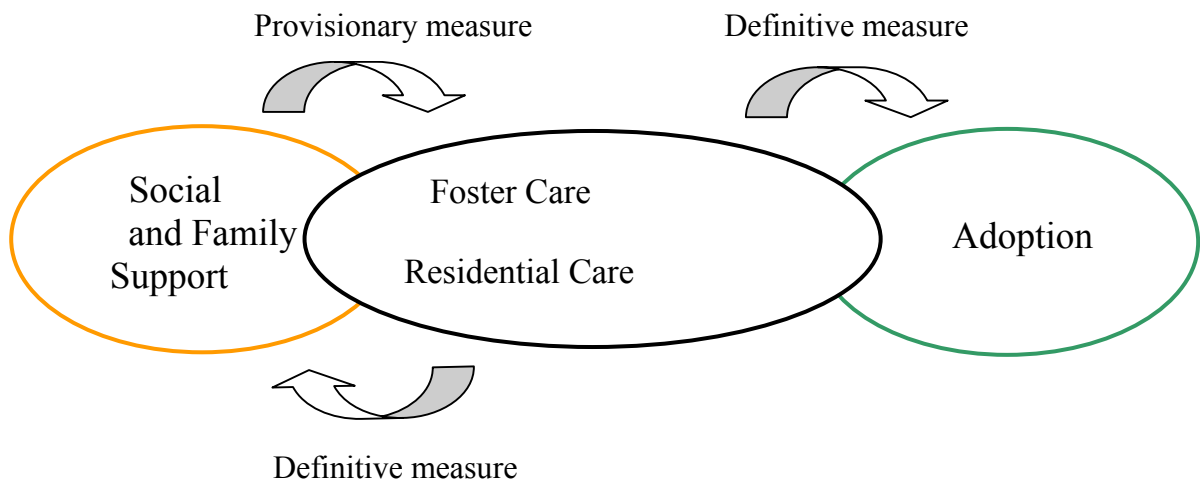
The team's follow-up concentrates on the child's cognitive, affective, psychological and physical development. The time factor is considered as well as the experience the child/adolescent is going through and what it represents in terms of his/her personal history. Should no results have been achieved that serve the interests and needs of the child, after all possible investments in the original *nuclear or extended* family have been exhausted, the team of experts will propose with the necessary argumentation and evidence, for the Removal of Family Powers. This exceptional measure is proposed with the aim of ensuring that child has a chance of access to life in another family.

The ongoing and thorough follow-up of each case ensures the *temporary* nature of the (residential or foster) care.

Removal of family powers – decision regarding adoption

The removal of a family's powers over a child not living with his/her original family is decreed by a judge on a timely basis. Depriving the child/adolescent of family contact for a limited period of time does not harm his/her development, depending upon the efficiency of the care systems operators. This efficiency is based upon the team's level of certainty that a full investment has been made to reorganize the environment that has caused the child's removal.

When requesting and declaring the removal of family powers, the judges, public prosecutors and public defense attorneys must be confident in their decision. This pronouncement will have been made based on a careful and detailed psychological and social follow-up of all unsuccessful attempts to reunite the child with the original family, as well as an analysis of the child's present development stage. The expert follow-up teams of the residential care and foster care programs are well trained. Their decisions are based upon the age and the development of the child or adolescent, on the length of his/her removal from the family and on the quality of family bonds during the family reintegration process. Such a follow-up process is always based both upon trust and an investment in the original family's resources. However, preserving the growing child's quality of life must always be considered on the basis of qualified professional evaluation.



Annex 1

The author

Claudia Cabral, a psychologist with post-graduate studies in Education, has been working in the field of social welfare of children and adolescents since 1977. In 1982 she presented her post-graduation thesis at the Institut Supérieur de Pédagogie de la Université Catholique de Paris, entitled "Le petit enfant placé".

With extensive experience in dealing with children and adolescents either removed or at risk of being removed from their families, she has been working for Terre des Hommes-Lausanne since 1985. In 1997 she established the Brazilian Terre des Hommes Association (Associação Brasileira Terra dos Homens - ABTH), which is responsible for:

- Psychological and social monitoring of families in community projects aimed at preventing rights violations;
- Reintegration of children and adolescents separated from their families (either living on the street or in institutions) into their original families;
- Foster care;
- National inter-racial and late adoption for children and adolescents who have been permanently abandoned.

These activities are carried out through:

- 1) Working directly with the target audience;
- 2) Ongoing training of experts on these topics;
- 3) *Advocacy* / Social Mobilization.

Among her recent advocacy activities, Claudia Cabral has been a member of a National Intersectoral Commission addressing the topic of services for children and adolescents who have been removed from their families.

Claudia Cabral has been requested by the International Social Service SSI/Geneva to contribute a "compte rendu", presenting her experiences and drafting recommendations for the meeting of the UN Committee on the Rights of the Child, where a debate about children deprived of family contact will be held on September 16th, 2005.

In this paper, Claudia Cabral presents a summary of the document submitted to the Brazilian Federal Government by the National Intersectoral Commission to Promote Family and Community Based Care, in which she participated in an expert capacity, as a Consultant invited by UNICEF.

Contacts:

e-mail: claudiacabral@terradoshomens.org.br

ABTH website: www.terradoshomens.org.br

Address: Av. General Justo, 275 / sala 518 - Centro / Rio de Janeiro (RJ)

Telephone: 55 (21) 2524-1073

Annex 2

THE NATIONAL PLAN'S OVERALL OBJECTIVES
1. To expand, develop and integrate policies, programs and projects of social and family support for promoting, defending and guaranteeing the right to family and community based care;
2. To regulate residential care as an exceptional and provisional measure, and ensure that individualized quality services are provided;
3. To regulate and promote alternatives to institutionalization, by means of family foster programs and programs for promoting the autonomy of adolescents and youngsters;
4. To improve national and international adoption procedures;
5. To disseminate a culture for promoting, defending and guaranteeing the rights of children and adolescents to live in family and community settings.

THE NATIONAL PLAN'S BASIC GUIDELINES
1. Family at the core of public policies.
2. Priority to be given by the State to promote integrated policies for support to families.
3. Recognizing the family's abilities in terms of its internal organization and in overcoming its problems.
4. Respect for ethnic and cultural diversity, sexual identity and gender equity.
5. Public participation in the formulation and oversight of public policies.
6. Strengthening adolescents' and youngsters' autonomy in preparing their life plans.
7. Guaranteeing the <i>exceptional</i> and <i>provisional</i> nature of foster care and residential care programs for children and adolescents.
8. Promoting a shift in residential care institutions to serving social and family groups.
9. Adoption focused on the best interest of the child.

Annex 3

GLOSSARY

Educational project: Proposal drafted by institutions offering residential care, targeting children and adolescents in their care, with indications of the mechanisms to be used to ensure fundamental rights.

Exceptionality: Quality of that which takes place outside common procedures or beyond the limits of what is frequent; something that is not the standard.

Family in situation of risk: Family group facing social, cultural or relationship-related conditions that are adverse to the compliance of its responsibilities and/or whose constitutional rights are being either threatened or violated, consequently being at risk of violating the rights of its children and /or adolescents, either by means of violence, child labor, abuse, severe neglect or abandonment.

Family empowerment: Recognition of the autonomy that the family unit must have in defining its internal organization, dynamics and rules, granting it constitutional protection by the State, whenever necessary, and helping to strengthen its potential and its capacity to protect and care for its members, with consideration for their rights.

Family reintegration: Return of children/adolescents to their original families, from which they had been separated; reunion of the members of the same family.

Foster care: Act of accepting and caring for somebody else's children, within one's family, for a variable period of time. The family maintains its organization and original space and accepts the child of another family.

Foster family: Pertaining to the Foster Care program, as well as: "Supporting family", "Caring family", "Solidarity family", among others.

Home shelter: Personalized residential care, performed by either a couple, or a man or woman who works as a carer in a house that is not their/his/her own, looking after a group of children (12 at maximum) in a family-like environment.

Individual life plan: A plan developed jointly with the child or adolescent through dialogue, in writing, about the steps and measures related to his/her life, taking into account his/her past, present and future.

Informal foster care: When the biological family voluntarily delegates its parental role to another member of its own family (extended family) or another adult, transferring the responsibility of the child's raising and care, without formally filing such a transfer.

Institutional realignment: Reorganization of an institution's structure to adapt it to new principles and guidelines; reorganizing of the municipal policy in order to adapt the network to the new principles.

Original family: Family the child/adolescent lived with, in accordance with legal rules, at the moment social welfare or law operators started their intervention.

Child Patrons : Individuals who are unrelated to the child's "daily" life, who participate in their care by providing either affective or financial support.

Permanent family reunification: When the main people accountable for a child/adolescent commit themselves to providing attention in an accountable and permanent manner.

Residential care: Service provided by institutions – governmental and non-governmental – currently with several different names such as "shelters", "homes", "safe houses", "transit centers", "hostels", among others.

Shelter: Type of residential care. Serves children and adolescents in a group setting, full time, according to the norms and rules established by a legal entity. Complies with parameters established by law.

Small-scale shelter: Type of residential care with a limited number of children and adolescents being cared for, preferably no more than 12.

Social and family support: Preventive social work promoting the strengthening of family and community bonds by means of interconnected actions at the welfare, social and educational levels.

Social integrated policies on the rights of children and adolescents: Set of governmental and non-governmental policies and actions of the Union, the states, the Federal District and municipalities, aiming at making rights effective and ensuring such rights.

Transit center: Short-term residential care unit, where an efficient diagnosis is provided, aiming at the child's reintegration into his/her original family or referral to provisionary residential or foster care.

Vision of the future: Description of an ideal context that one wishes to achieve in the future, which although imaginary, plays an important role in providing references for actions and plans, helping in decision-making and taking into account current limits, contradictions, tensions and paradoxes.

Half-Way Home : A category of residential care aimed at providing for the transition of adolescents/youngsters from institutional life to autonomous life, without necessarily requiring the characteristics of a family-like environment. A type of housing where youngsters organize themselves into a group, preparing for their autonomy.