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Children: paying the price of Bolsonaro's social policy reform in Brazil

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The impact of social inequality on children has enormous implications for young people throughout their life journey by negatively impacting their health, well-being and life chances. Following the democratisation of Brazil, significant change resulted in improvements to the social welfare and health care systems, which had begun to address long-standing social and health problems. This article critically explores the implications of current retrograde right-wing populist political government policies for Brazilian children within the context of efforts to reduce income inequality and improve the life chances of children. While recognising the enormous challenges of poverty, racial discrimination, precarity and socio-economic conditions, social work has recognised that the enactment of the profession requires political engagement and action against all inequality in professional practice. The implications of retrogressive policy are explored, and the authors call upon the profession globally to recognise these structural socio-economic challenges and question whether social work can afford not to be engaged in seeking change.

Key words children, social policy, Bolsonaro, Brazil

Introduction

Brazil is a country of diversity and wealth, but it is also a country of immense poverty and inequality. In the last 35 years since its transition to democracy, the country has made progress on many social indicators, though progress now appears stalled. This article seeks to critically explore the implications of current retrograde right-wing populist political government policies for Brazilian children within the context of improvements that had been made earlier in reducing income inequality and improving the life chances of children. Along with Brazilian social work, the authors recognise and advocate that social work is, indeed, a political process and that addressing inequalities is a key component of professional practice. Indeed, authors such as Bywaters (2009) argue that inequalities, including in health, are a critical social work challenge on the basis of human and social justice rights, with the causes and impacts of social inequality associated with poverty and poor health. This complex and multidimensional phenomenon highlights socio-economic and political relations in capitalist society, especially at the periphery of capitalism (Yazbek, 2012). Consequently, poverty rates are a critical component that is often highlighted in the daily struggles of working-class life, often with associated features of

malnutrition, hunger and violence, among others. These are often frequent characteristics of those with a lived experience of social work intervention. The article will finally consider the importance and efforts of social work to address these challenges.

Brazil in context

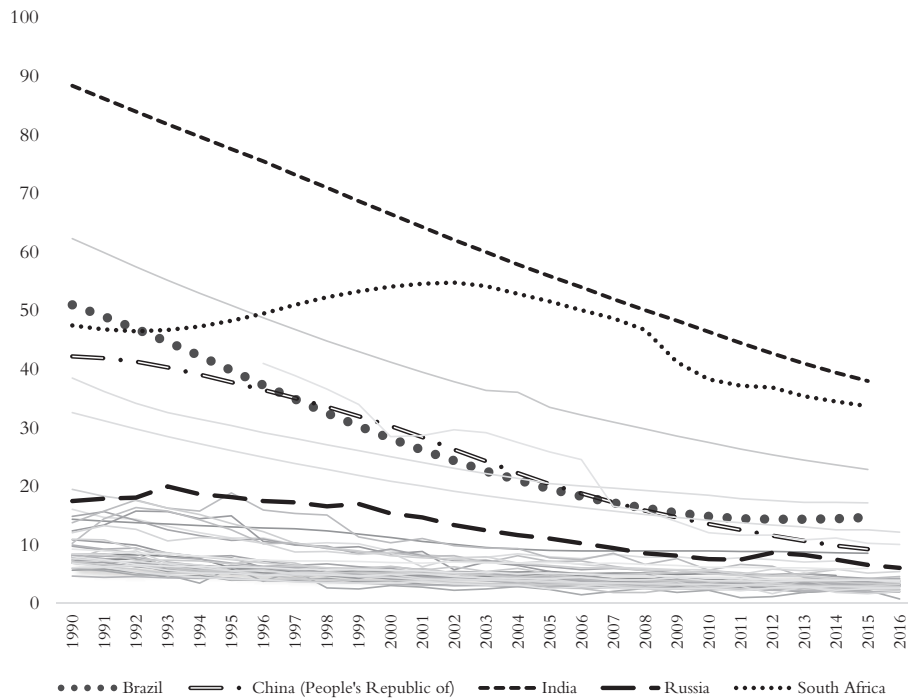
Brazil is the largest country in Latin America, with an estimated 2021 population of 212,688,183 (IBGE, 2021). Following the end of the military dictatorship in 1985, the country undertook a process of democratisation, with ongoing challenges related to massive social inequalities, along with weak structural government institutions. Guilherme and Hoffmann (2020) argue that 2013 saw growing calls for greater democracy, improved public services and the abolition of corruption by civil society and community activists. In January 2019, Jair Bolsonaro commenced the start of his four-year presidency of Brazil, and around 12 months later the COVID-19 pandemic impacted Brazil, resulting in one of the worst case and death rates in the world. Critics (see, for instance, Lynch, 2020; Nobre, 2020) argue that given the country's history and active society, it is surprising that an extreme right-wing government was elected despite the prior complete dereliction of duty to society, followed by its later COVID-19 responses.

Brazil has one of the highest levels of inequality globally, such that the wealthiest 10 per cent of the population earned around 51.5 per cent of the total national income (Minayo, 1994: 242). In 2020, the richest 1 per cent of the Brazilian population earned 28.3 per cent of national income, while the richest 10 per cent earned around 42.5 per cent. In contrast, the poorest 40 per cent earn around 10.4 per cent (United Nations Development Programme, 2020). Inequality is often further exacerbated by race, gender and geographical location, resulting in 40 per cent of the population in the North and North-east being considered socially vulnerable. Furthermore, 61.8 per cent and 76.7 per cent of the population of 14 states of the North and North-east self-identify as black, in contrast to the South, where around 28.3 per cent and 15.3 per cent are black (IBGE, 2010). Brazil has a young population, with approximately 24.8 per cent being between 0–17 years old (IBGE, 2019), as well as high levels of deprivation based on ethnicity, socio-economic conditions and geographical location. Due to Labour Party government reforms, for instance, under the Lula administration (IBGE, 2018), the high infant mortality rate (infants aged up to five years) declined significantly from 53.7 per 1,000 births in 2000 to 12.4 per 1,000 births in 2015 (See Figure 1). Increasing access to primary care services and reducing inequality (see Victora, 2009) have been critical successes, such that while intestinal infectious diseases were responsible for 17.3 per cent of deaths in under five year olds in Brazil between 1985 and 1987, this proportion had reduced to 4.2 per cent between 2003 and 2005.

Child welfare: the historical achievements since democracy and the current background in Brazil

Adverse child events have economic and educational impacts (Liu et al, 2013; Bethell et al, 2014). This underlines the importance of social work prioritising its engagement with social policy and macrostructural interventions, alongside more traditional child protection activities. Levels of mortality are unevenly distributed in the country; by way of example, the districts of Amapá, Maranhão, Alagoas and Rondônia (all in North/North-east region

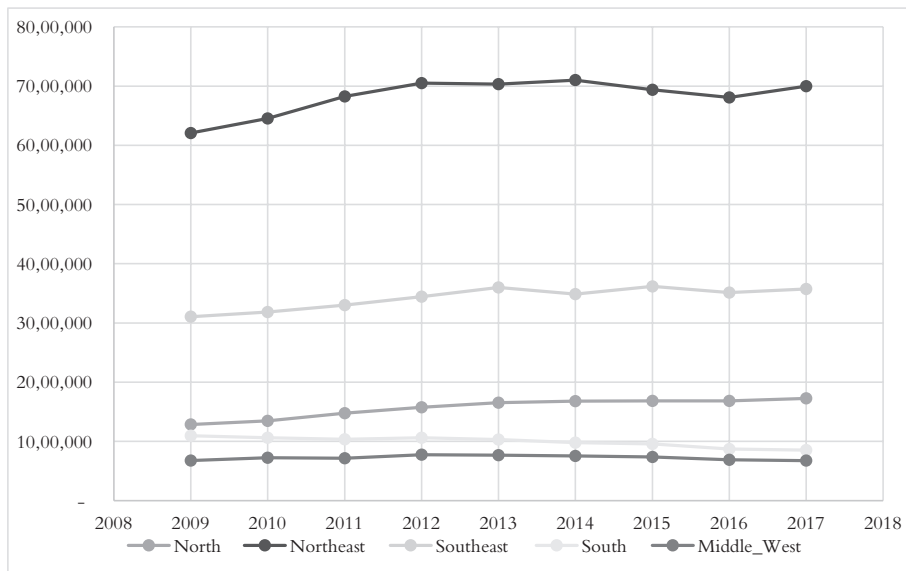
Figure 1: Infant mortality rates (0–1 years), total deaths per 1,000 live births (1990–2016)



Source: Elaborated by the authors using Organisation for Economic Co-operation and Development (OECD) data.

of the country) have an infant mortality rate above 20 per 1,000 live births (IBGE, 2018). A further example is São Gabriel da Cachoeira – a small city in Amazonas state in which 95 per cent of the population are indigenous – where the indigenous infant mortality rate fell from 38.5 deaths per 1,000 live births in 1996 to 27.7 deaths per 1,000 live births in 2018 (Garcia et al, 2020), though the indicator in 2018 was twice as high as the national figure of 12.8 (Garcia et al, 2020). Whitehead and Dahlgren (2006) note that inequities in health are often reflected in social inequalities, which, in addition to being systematic and pertinent, are also preventable, inequitable and unnecessary. Children’s experiences while growing up are important, with the experience of multiple forms of abuse having a long-standing psychological impact on an individual’s well-being, with associated health-related risks later in life (see, for instance, Carr et al, 2013; Danese and Tan, 2014), that is, substance abuse, obesity, cardiovascular disease and cancer. The risk factors for children living in considerable deprivation are associated with a number of contexts, including the individual, their parental background and their socio-economic environment, with a greater number of risk factors increasing the likelihood of experiencing adverse life events (Brown et al, 1998; Thornberry et al, 2014).

Figure 2: Number of families who receive cash transfers (2009–17)



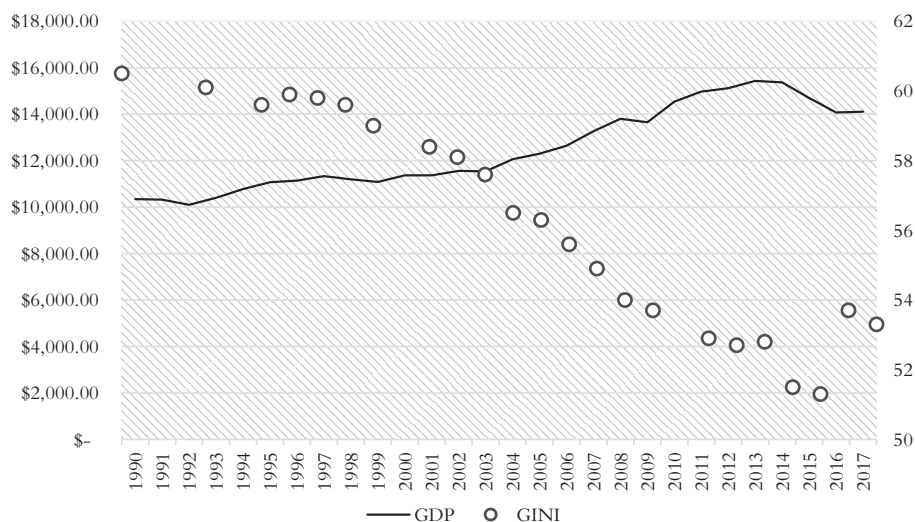
Source: Elaborated by the authors using 2019 Social Development Ministry Database data.

Reductions in Brazilian inequality from the early 2000s due to targeted government policies have provided income to the poor through programmes such as cash transfers and minimum wage increases, all of which sought to reduce the pay gap of the lowest-paid workers (Oxfam Brazil, 2018). The United Nations Children’s Fund (UNICEF, 2017) report *Early Moments Matter for Every Child* has highlighted the importance of health, income, primary education, nutrition and safe environments to full early childhood development, and how progress in these factors resulted in significant improvements to children’s quality of life.

Poverty is a key social determinant of children’s health (Rasella et al, 2018). Multiple social, economic and environmental factors, along with the importance of resource access, are crucial to the health of women and children (United Nations, 2016). Infant mortality thus provides an important indicator of the population’s living conditions, with previous decreases in this rate being linked to reductions in poverty levels (França et al, 2017; Rasella et al, 2018) (See Figure 2). The reduction between 2000 and 2015 in infant mortality and income inequality (see França et al, 2017; Rasella et al, 2018) have been attributed to the Bolsa Família (BFP) and Family Health Strategy programmes. Brazil’s progress has been impressive, for instance, a decrease from 69.2 to 14.6 deaths per 1,000 live births in 2015 (OECD, 2017), and Brazil thus achieved the Millennium Development Goals five years before its target date (ODM Brasil, no date) (See Figure 1).

During its first eight years, the BFP, enacted in 2003 by the Lula administration, resulted in a decrease in family poverty from 35.8 per cent to 15.2 per cent, while those classified as living in extreme poverty decreased from 21.4 per cent to 7.3 per cent (Souza et al, 2019) (See Figure 3). Eligibility for the BFP requires families to demonstrate their living conditions,

Figure 3: Growth and equality



Source: Elaborated by the authors using World Bank data (available at: <https://databank.worldbank.org/source/world-development-indicators>). Gross domestic product (GDP) shown per capita using purchasing power parity (PPP) at constant 2011 international dollars.

with a monthly income of up to R\$89.00 per person (approximately US\$16.2) if living in extreme poverty or if classified as a poor family (an income of R\$89.00 and R\$178.00), or if the family includes a pregnant woman and/or children or adolescents between 0 and 17 years old (Brazil, 2020b). The financial value of each benefit is R\$41.00 (US \$7.45) and each family can accumulate up to five benefits per month, reaching a maximum of R\$205.00 (around US\$37.27). To be eligible, families with children must achieve a minimum of 85 per cent school attendance, along with ensuring appropriate attendance at primary health services (health family teams) and undertaking required vaccinations. Figure 2 highlights the increase in the recipient numbers of those receiving cash transfers.

Studies (see, for instance, Guanais, 2013; Shei, 2013) highlight that the combined effects of conditional cash transfers (the BFP) and the Family Health Strategy have increased the uptake and use of preventive health services, and have consequently reduced the levels of illness and death among children. The BFP remains conditional on families being in regular contact with primary health care services (with checks being made to ensure this is the case) and children needing to have regular school attendance. The combination of these conditional requirements with BFP support has demonstrably reduced social and regional inequalities, and led to a levelling up of these levels in the regions (Guanais, 2013; Shei, 2013).

These social welfare policies were largely supported by successive governments and were successful in reducing unemployment, enabling easier access to credit and income compensation, and facilitating the organisation of labour (Gonçalves, 2012). However, more recently, the austerity reforms being introduced by the Bolsonaro government have weakened and destroyed elements of the policies that were seeking to reduce inequality, including the conditional cash transfer programme (the BFP) and Family Health Strategy (Giovanella et al, 2020). This does not bode well for the future.

Importance of the family and social solidarity in Brazil

UNICEF identify that around one third of all children in Brazil are under 18 years old (IBGE, 2019), with more than half of children being of African descent and one third being indigenous children. A recent UNICEF (2019) report highlighted that 61 per cent of children live in poverty, which is defined as financially poor and/or deprived of one or more of their rights. One such example of the deprivation of rights is due to child labour, with around 6.2 per cent of children and adolescents (5 to 17 years old), performing domestic or paid child labour. Black children and adolescents are involved at higher rates in child labour than white children, with child labour being more prevalent in North and North-east Brazil (UNICEF, 2019).

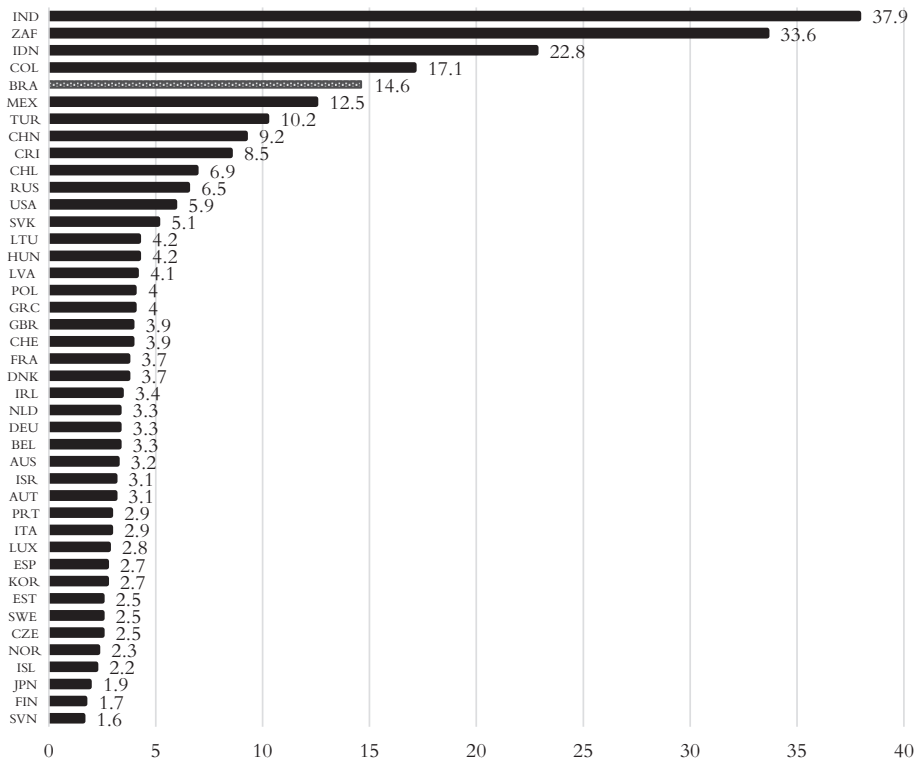
The importance of early childhood to well-being is well known, being regarded as a crucial stage in human development with lasting implications for the children, families and society. While it is accepted that the physical, cognitive and socio-emotional domains of childhood development are interlinked, there is little published evidence of how this is formed (Bornstein et al, 2018). However, it is widely acknowledged that important factors in early childhood experiences include good nutrition (Victora et al, 2008), learning opportunities (Bonnier, 2008) and parenting. Consequently, supporting parents or the caregivers of children is an important policy concern not only in Brazil, but also worldwide. Support for children and ensuring that their childhoods are positive not only seeks to protect children's rights, but is also the focus of intervention efforts of a variety of professionals, including social workers. In Brazil, three key social policies are interconnected to protect children's rights, namely, education, health and social assistance. In two of these three policies, social workers are directly involved. For example, the social assistance policy has programmes focused on early childhood offered by social assistance centres, which support families to overcome the difficulties they may be experiencing, as well as supporting access to their social rights (Brazil, 2016).¹

Social workers are employed within primary health care centres, which provide health services to the population (Carvalho et al, 2018). The benefits of intervention in support of children are well documented and include increasing life expectancy and lowering chronic disease risk (Gluckman and Hanson, 2009), improving educational achievement and potential earnings (Engle et al, 2007), and safeguarding their relationships and long-standing mental health (Kessler et al, 2010). So too is the corollary the case, with the impact of adverse childhood experiences (ACEs) having a lifelong impact, though less is known about this relationship or their prevalence in low- to medium-income countries (Hughes et al, 2017) (See Fig 4).

Violence against children and women

Experiences of violence and poverty have enormously damaging impacts during childhood and adolescence in particular (See Fig 5 & Fig 6). However, there is little political recognition of these hardships and negative experiences, despite them not being dissimilar to the experience of soldiers who receive little support on their return home (see, for instance, Humphries, 2010). Indeed, in their grounded qualitative analysis of black youth in the US, Katz et al (2014) note that environments of high violence create traumatic experiences and loss of family and friends, along with victimisation as a consequence of institutionalised racism in the criminal justice system. This is also associated with a form of cultural

Figure 4: Infant mortality rates, total deaths per 1,000 live births (2016)



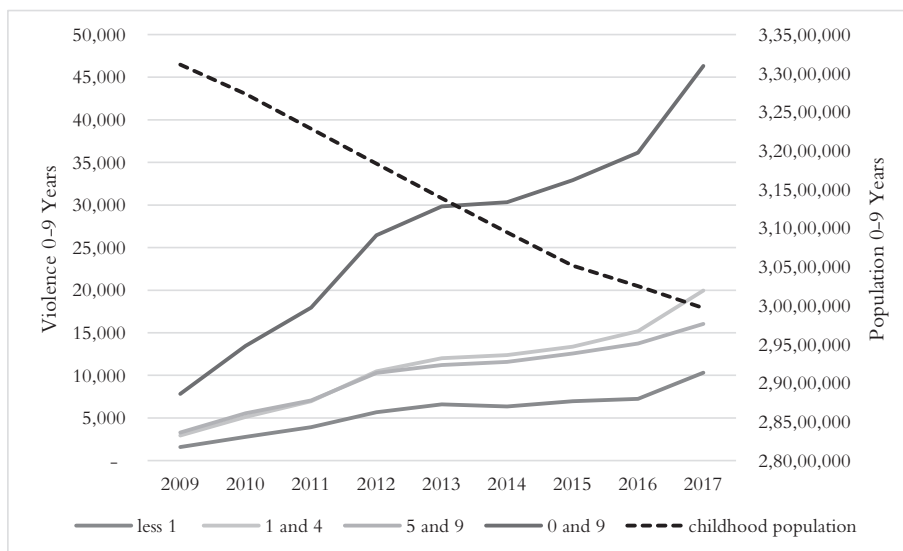
Source: Elaborated by the authors using OECD data.

violence that is viewed as being inseparable from structural violence, which includes male chauvinist domination, or '*machismo*', and its consequences for racism, nationalism, the imposition of decisions by working-age adults over other age groups and forms of cultural expression that may diminish some human beings (and exalt others) and limit their life, creativity and freedom (Minayo, 1994).

The protection of children and women against all forms of violence has been globally enshrined in international human rights treaties, including the Convention on the Rights of the Child (UNICEF, 1990; UNICEF, 2012). In Brazil, violence against women and children remains a key challenge, especially given the ongoing annual statistical increase in violence against children. It is alarming to note that when considering demographic changes, the population between 0–9 years old has decreased by 97 per cent between 2009 and 2017, while the number of cases of childhood violence has increased by around 492 per cent.

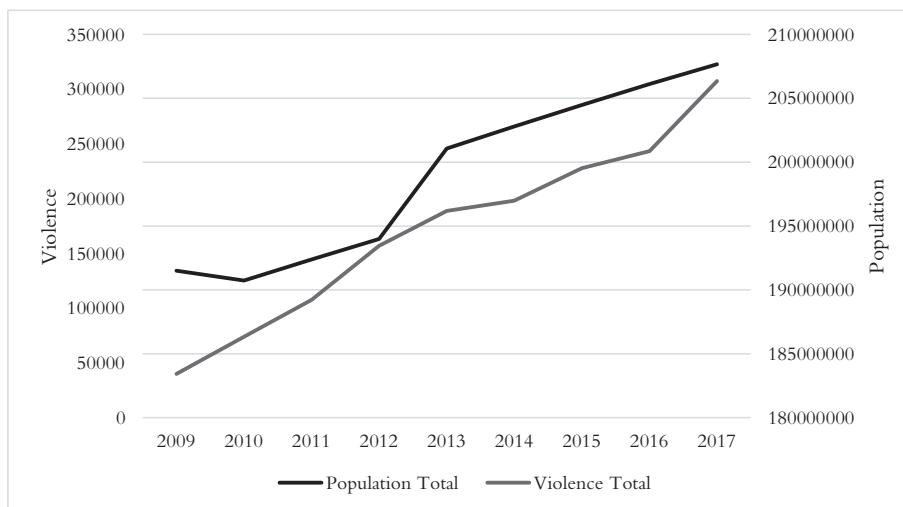
The Disque 100 ('Dial 100') programme was developed in 1996 by non-governmental organisations (NGOs), and in 2003 (the first year of the Lula government), this service became the responsibility of the federal government (Brazil, 2021). It was created and tasked to report authorities' cases of violence directly to the government. In 2005, Dial 180 introduced a toll-free hotline to allow women to report episodes of violence against them. Recent 2019 data from the Dial 100 service (responsible for the recording of cases of violence against women and children), identified 868,000 human rights

Figure 5: Childhood violence



Source: Elaborated by the authors using data from the Health Ministry Tabnet Datasus database (available at: www2.datasus.gov.br/DATASUS/index.php?area=02).

Figure 6: Violence by number of incidents



Source: Elaborated by the authors using data from the Health Ministry Tabnet Datasus database (available at: www2.datasus.gov.br/DATASUS/index.php?area=02).

violations, an increase of 14 per cent on the figures from 2018 (Brazil, 2020a). While the Dial programme has increased reporting, a key challenge is the lack of follow-up following reporting. Sexual violence comprised 11 per cent of all reports (around 17,000 cases). Furthermore, the Ministry of Women, Family and Human Rights has reported that 73 per cent of the sexual violence reports occurred either in the victims' or the perpetrators' houses. In addition, 40 per cent of all complaints reported identified either

a father or a stepfather as the perpetrator. Most frequently, the victim would be an adolescent aged between 12 and 17 years old (46 per cent) (Brazil, 2020a). Race and ethnicity were further important factors, with around 34 per cent of child victims of sexual violence being from African descent, while the racial identity of the victims was unknown in a further 41 per cent of cases (Brazil, 2020a).

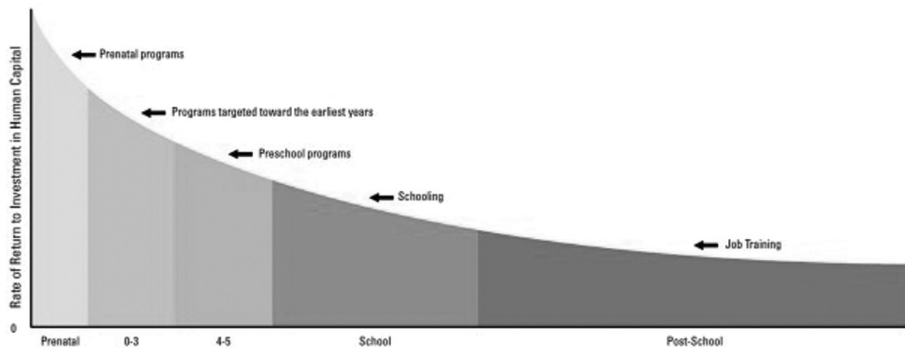
Statistics for 2017 highlighted that homicides against women continued to increase (13 murders per day), with 221,000 women making reports to the police following experiencing aggression resulting from domestic violence, though research indicates that this is likely to be an underestimate (IPEA, 2019). In their study of 614 mother and child pairs in Recife, North-Eastern Brazil, Silva et al (2019) noted a high prevalence of intimate violence as being common in pregnancy and in poor urban communities, with young children particularly vulnerable and sensitive, and with a strong link to mental health difficulties at school age. Disturbingly, the 'Violence atlas' (IPEA, 2019) also highlighted that offences such as attempted homicide and bodily injury against children had increased between 2016 and 2020. Brazil has no classification of sexual violence, though between 2012 and 2019, around 197,963 female children between ten and 14 years old gave birth (Brazil, 2021), which would signify a significant professional concern in other countries. While this is legislatively a crime, there is little evidence that action is taken through the pregnancy in relation to this. Regional variation continues to highlight concerns of inequality, with 37.8 per cent of these young mothers having been from the higher deprivation areas of the North-East and 19 per cent from the North (IBGE, 2020). Other factors such as religion and cultural aspects further increase the complexity of these challenges.

Financial policy changes

The economic and political crisis has resulted in changed government policy and the dismantling of socio-economic policies and initiatives that had been responsible for the reductions in income inequality (see Rossi et al, 2018). While it should also be acknowledged that Brazil's progress in reducing income inequality had already stalled as a result of the global and local financial crisis from 2015 onwards, current proposals have exacerbated this situation. The resulting economic misery has facilitated the resurgence of political ultraconservative populism, as has occurred in much of the Global North (see, for instance, the US and the UK). Along with lower economic growth forecasts for the immediate future, this suggests that it is likely that inequality will increase again (International Monetary Fund, 2018) (See Fig 7).

The economic, social and political crisis that occurred following the 2016 electoral coup and the election of Jair Bolsonaro in October 2018 have now opened opportunities for considerable change, along with significant implications for Brazilian social security, if the government makes good on its promises and undertakes all the reforms promised before its election. Worryingly, as Brazil has one of the worst levels of inequality in the world, the proposed reductions in expenditure will have the largest impact on the poorest in society, who often lack the resources to access health services even if they could enforce their legal rights to health care (IPEA, 2016). Increased precarity has implications far wider than health care, including for education, housing and labour, and will further increase inequality in the country. The 2016 Temer administration, along with the Brazilian National Congress, initially promoted a

Figure 7: The Heckman curve: the highest economic returns come from investment in a child's early years



Source: Elaborated by the authors using UNICEF data.

number of austerity measures, such as the Constitutional Amendment number 95/2016 on public expenditure,² labour reform and pension reform³ (see Leal et al, 2018). The subsequent government has continued this trend.

Further constitutional reforms (EC 95/16), have imposed a social spending freeze for 20 years, with consequential effects on programmes such as the *Benefício de Prestação Continuada* ('Continuous Cash Benefit' [BPC]), the BFP, the *Sistema Único de Saúde* ('Unified Health System' [SUS]) and the unified system for social assistance (SUAS) (Dias, 2016 Leal et al, 2018). The reduction of 14.22 per cent in available resources for social assistance policies between 2018 and 2019 highlights the impact on the social protection system in Brazil. Furthermore, Paiva, Lira, Justino, Miranda and Saraiva (2016) estimate that by the end of the two-decade moratorium on spending, social policy expenditure would have been reduced by R\$868 billion in real terms. In this regard, the policy of freezing social spending for 20 years (Constitutional Amendment EC 95/16) is unprecedented, and especially so when compared to the rest of the world. No other country that has implemented austerity has adopted such draconian rules limiting public spending for as long a period as 20 years (Leal et al, 2018). Consequently, this will have significant impacts on most social and health care programmes and will particularly impact on children's and women's health including efforts to reduce child mortality. As highlighted earlier, pensions in the context of Brazil are an important income for families and this is now subject to ongoing reform through Congress, along with labour reform.

Further changes to health funding under Constitutional Amendment EC 95/16 resulted in the 2019 health budget being capped at the level of the total expenditure for 2018. However, when inflation is taken into consideration (the Brazilian Consumer Price Index), which is currently 4.39 per cent, this results in a budget shortfall of approximately R\$10 billion in the 2019 health budget when compared to the previous year, all of which has occurred within the context of rising health demand.

Reducing health care

As well as providing care to children and their mothers, the Brazilian health care system has linked children's health to that of their mothers through the Policy for Maternal-Infant

Health (PAISC) (Sousa, 2008). Created in 1984, the programme has two foci: the first is its focus on children in order to provide integrated health care for children aged up to five years old, as well as prioritising those groups most at risk through increased care coverage and improved care quality, thereby reducing child morbidity and mortality (Almeida, 2005); and the second focus is on women before and during pregnancy and childbirth. The health care focus for pregnant women increased the number of prenatal consultations – such that since 1996, almost 90 per cent of all pregnant mothers in Brazil had access to prenatal consultation (between four and seven consultations on average), which is a dramatic change from the past (Brazil, 2014). A new maternal and child health care network known as the Stork Network (RC) was established in 2011, providing care that ensures women have a right to family planning and care throughout pregnancy, childbirth and puerperium, and thereby ensuring that children have a right to a safe birth, growth and healthy development (Leal et al, 2018).

The expansion of primary health care access and the incorporation of the philosophy of the PaisC into child health care were decisive aspects for the advancement in care indicators and the health situation of Brazilian children, that is, reducing child and maternal deaths (Brazil, 2015). Brazilian primary health care aims to provide a comprehensive continuity of health care, including health promotion, disease prevention, treatment and rehabilitation. Care is aimed at delivering support and flexible interventions in a dynamic way that facilitates care at the most appropriate level of intervention until any health problems are resolved. Care services are focused on three levels, namely, prevention, health promotion and treatment; services at these levels include immunisation, health promotion, the protection and encouraging of breastfeeding, children's development and growth monitoring, and the prevention and control of gastric and respiratory diseases (Leal et al, 2019). The Brazilian National Immunisation Programme (PNI), created in 1973, offers free and universal access to 44 immunobiological treatments, including 19 vaccines, for all age groups across the country, and annually promotes influenza vaccination campaigns (Homma et al, 2011). However, in 2019, none of the vaccination programmes achieved their ideal coverage requirements (WHO, 2020).

The COVID-19 pandemic

While COVID-19 has impacted disproportionately on the poor globally, this is exacerbated in low-income countries, especially having implications for basic hygiene and social distancing in a context where socio-economic and social and health care support and infrastructure are limited. For instance, 48 per cent of Brazilians live in places without sewerage and 35 million people do not have access to running water in their homes (Senado Federal, 2020). Furthermore, 5–20 per cent of Brazilians live in favelas with the highest population density, often with five residents per room (Souza, 2020), and 40.6 per cent of the working population work in the informal economy with no social protection (Nitahara, 2020), making it practically impossible for vulnerable people to stay at home, especially given worsening social support and increasing precarity. This has been highlighted by Martins-Filho et al (2020) in their study in North-East Brazil, which demonstrated a correlation between social inequality and COVID-19 death rates.

Currently, more than 259,271 lives have been lost due to COVID-19, which includes 589 children under five years old, nine of which were indigenous children from the Yanomami group (Brazil, 2021). Furthermore 124 pregnant or postpartum women have died, which is over three times higher than the total number of COVID-19-related maternal deaths reported globally (Takemoto et al, 2020: 154). Of the pregnant women that died with COVID-19, 50 per cent were black and 10.9 per cent had an unrecorded ethnicity (Brazil, 2021). In other words, ‘the health crisis in Brazil resulting from the COVID-19 pandemic has itself been inserted into a broader and more complex context of aggravated economic crisis’ (Garcia et al, 2021: 358). Changes to health and social support systems have thus exacerbated the crisis.

Children and families: the role of social work

Social work in Brazil has undertaken a historic struggle to expand and defend the rights of children and adolescents, together with social and popular movements. This culminated in the Federal Constitution of 1988, along with the Constitutional Principles of Integral Protection proposals that were enshrined in the democratic Brazilian Constitution. Further achievements include the Brazilian Statute of the Child and Adolescent (ECA) (Law n° 8.069/1990), which has now celebrated its 30th anniversary (Brazil, 1990). However, the progressive achievements have continued to come under attack, with the Bolsonaro government seeking to further dismantle social protections. For example, in 2019, Decree 10.003 drastically altered the functioning and structure of the National Council for the Rights of Children and Adolescents (Conanda),⁴ the largest Brazilian mechanism for the defence of children, by, for instance, enabling appointees rather than elected civil society representation and abolishing representative parity between the government and civil society.

The Federal Council for Social Work (CFESS), a federal public agency, has responsibility for guiding, disciplining, regulating, supervising and defending the professional practice of social workers in Brazil (CFESS, 2021). CFESS is a member of the National Council for the Rights of Children and Adolescents (Conanda) and has ‘historically defended actions for guaranteeing a public policy that affirms and expands the human rights of children and adolescents, the strengthening of the Statute for Children and Adolescent (ECA) and other legal-normative instruments, in different spaces of social control, in parliament and in society’ (CFESS, 2019). CFESS has condemned the changes implemented by Decree No. 10.003.

The role of social work is undertaken in a variety of socio-occupational spaces (for instance, Social Assistance Reference Centres, Specialised Social Assistance Centres [CREAS], Coexistence and Strengthening Services [Scfv], Youth Centres, Human Rights Reference Centres, Child and Youth Courts, the socio-educational system, health services, in the advice of tutelage councils and in other spaces in which the care of children, adolescents and young people and their families is more frequent). Consequently, social work has an important contribution to defending the rights of children and adolescents, with the profession’s role being meeting population demands and participating in social movements and forums involved in the protection of children and adolescents, along with services involved in social control, including the Council for the Rights of Children and Adolescents (Conanda). Social work intervention with children and families is undertaken according to the ethical principles of professional

Brazilian social work, which include recognition of freedom as a central ethical value, the uncompromising defence of human rights (CFESS, 1993), the defence of the ECA and the guarantee of the fundamental rights of children and adolescents.

Social work resistance and change

Contemporary Brazilian social work is rooted in the democratic efforts that brought political change and the end of the Brazilian dictatorship (Parada, 2007; Behring, 2013). Consequently, the profession has rejected conservative models of practice (Ferguson Lavalette, 2013) in which the poor are blamed for their own poverty, and the profession has rather sought to critically explore the structural causes of poverty and the impacts of capitalism (Parada, 2007). Therefore, Brazilian social work has been involved in a historic struggle for the expansion and defence of the rights of children and adolescents, especially as related to the Child and Adolescent Statutes (Brazil, 1990). Social workers are employed in health, social assistance and justice, and their roles include delivering such different social services as child/parent protection, protection from violence, child labour, homelessness and adoption. Social workers are committed to 'Positioning in favor of equity and justice which ensures universal access to goods and services related to programs and policies as well as their democratic management; Commitment to eliminate all forms of prejudice, encouraging respect for diversity, the participation of socially discriminated groups and discussing differences' (CFESS, 1993: 23).

Social work internationally also acknowledges the importance of structural factors in society, such that the International Federation of Social Work (IFSW) and the International Association of Schools of Social Work (IASSW) agreed a definition of social work in July 2014 that includes a recognition of human rights, social justice and social change. Internationally, regional variations in the translation of the global definition are to be found, depending on local circumstances (Bolzan, 2007). The Brazilian Federal Council of Social Work (CFESS, 2010) has argued strongly that in the development of this revised global definition, the profession's role in encouraging people's autonomy, citizenship and democracy to improve their quality of life should be emphasised. In this regard, it has been 40 years since social work nationally agreed an ethical-political commitment to the defence of human rights and of the working class, building an alternative social meaning of the profession (Ferguson and Garcia, 2019). Consequently, the profession opposes the proposed retrogressive austerity policies and rejects notions that solutions must be found through pragmatism or conservatism, as well as supposed policy neutrality. These have often been viewed by Brazilian social workers as the trademarks of traditional social work in other countries. Instead, the profession has rather viewed its struggle as being for freedom, work and social rights. Consequently, the profession has viewed its role as resisting the retreat from the progress made previously, the criminalisation of poverty, the reductions of hard-won social rights and ongoing attacks on social security (Ferguson and Garcia, 2019). CFESS (2019) has advocated for a competent and politically oriented social work 'to combat the inhumanities and unpayable costs of the capitalist exploitation of labour'.

Brazilian social work acknowledges that social policy is, 'as historically determined instruments of social intervention, under state responsibility' (Montano, 2012: 316–17), along with 'the state and civil society as spheres that are produced and conditioned

by social dynamics, mediated by class struggles and relations of capitalist production, not as autonomous spheres the profession is intrinsically linked to the historically determined' (Montano, 2012: 317). Along with its more radical tradition, the profession views political economy as offering an opportunity to analyse social reality through the lenses of capitalism, financialisation and neoliberalism (Montano, 2012). As a result, Brazilian social work views its professional role as seeking to obtain human emancipation, to reduce exploitation and social injustice, and to promote freedom and democracy through defending universal social policy and promoting full social, civil, economic and political rights (see Montano, 2012: 318).

Conclusion

Brazil increasingly illustrates an example of right ideology and the promotion of the market. This is a growing trend around the globe and so represents an example of the tragic realisation of how retrogressive policies affect people's lives and the social work profession. So too can the denial of science and a lack of respect for life have a virulent effect on society. Today, in Brazil, with worsening inequality and in the midst of a global pandemic, the vulnerable, which includes children, are paying the price. The price paid by women and children through inequality and the loss of family and opportunity remains difficult to calculate, though social work continues to witness the unfolding disaster. As a profession, can we afford not to be more political and seek global solidarity to make change possible?

Notes

¹ Today, one in five workers in social assistance centres are social workers (Garcia et al, 2021).

² The Constitutional Amendment 95/2016 provides for a 20-year fixed ceiling for expenditures starting in 2017 (Leal et al, 2018).

³ The pension reform proposed by the Temer government represented the link between conservative sectors and international financial agencies, which aim to privatise the social security system through the reduction of the public pension and the overvaluation of the complementary pension.

⁴ In Brazil, social participation is a principle in all social policies. Conanda is a permanent collegiate body with a deliberative character and equal composition provided for in Article 88 of Law 8.069/90 ECA.

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Conflict of interest

The authors declare that there is no conflict of interest.

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