INSTITUTE DARA
Health and Human Development

Qualitative Research: RESULTS OF THE FAMILY ACTION PLAN (2015-2018)

Foto: Eurivaldo Bezerra

ABSTRACT

This report presents the findings of a qualitative survey on the medium-term outcomes of changes in living conditions of families assisted by the Family Action Plan (FAP), the multidimensional social technology program developed and implemented by the Dara Institute (formerly Saúde Criança Renascer) since 1991.

The survey was conducted between August and December 2019 involving habitants of the state of Rio de Janeiro. The methodology involved four focus groups with 18 women who were the primary providers for the assisted families, and individual interviews with an additional 12 primary providers, totaling a sample of 30 assisted families. It was carried out at the Institute's headquarters in Rio.

Three themes were explored: the past (i.e. prior to joining the FAP), their present situation, and the future outlook for each respondent and her family. The findings show that all participants recognize the significant changes that have occurred in their families' lives as a result of their participation in the FAP, enabling them to overcome serious family health problems, improve their living conditions, and generate income through professionalization. The participants developed the capacity to deal with psychological and physical suffering and recover self-confidence, self-esteem, self-acceptance, resilience, a sense of belonging and hope, and a feeling of empowerment. They thus consider themselves to have undergone a positive transformation, and as such exhibit an optimistic outlook for their families' futures, and their own future. Some still face difficulties in entering the formal labour market, given the unfavourable economic conditions in Brazil. With respect to the institute's staff, feelings of gratitude were unanimous among the participants, who expressed their intention to give back to society the kind of support they received from the Dara Institute. Based on the results, the team also identified areas for improvement and innovation in the FAP.

Team Members:

Tania Maria Vidigal Limeira (coordination)

Graduate in Business Administration from the Getúlio Vargas Foundation - SP (1982), Master's Degree in Business Administration from the Getúlio Vargas Foundation - SP (1985) and Ph.D. in Business Administration from the Getúlio Vargas Foundation - SP (1987). She is currently a teacher and researcher at the Getúlio Vargas Foundation - SP. She is experienced in the field of administration, with an emphasis on marketing and consumer behavior strategies, working mainly on cultural marketing, consumer culture and art, consumption in low-income populations, and low-income retail strategies.

Adriane Menna Barreto

Adriane has a degree in business administration and in design, an MBA in project management, and Master's degree in design. She has experience both in the private sector and nonprofit sector, mainly in IT, case management, and in developing key performance indicators. Since joining the Dara Institute in 2012, Adriane has worked to improve the effectiveness of the organization, recording and enhancing internal and external processes. She is currently Director of Development at the Dara Institute.

Georgiana Esteves

Georgiana is currently part of the MPH program at Yale University's Department of Social and Behavioral Sciences. She has experience in nutrition, community health, and behavioral change. She has worked at the Dara Institute for six years, first as Nutrition Coordinator, and later as Expansion Coordinator.

Fabiana Pádua

Graduate in Psychology from the Fluminense Federal University (2008-2013). Specialist in Chronically Ill Children and Adolescents from the Fernandes Figueira National Institute of Women's, Child and Adolescent Health (2014-2016). Master's in Child and Women's Health from the Fernandes Figueira National Institute of Women's, Child and Adolescent Health (2016-2018). She works as a psychologist at the Dara Institute, responsible for the overall coordination of the "Maternal and early childhood comprehensive care" project.

CONTENTS

INTRODUCTION

This report presents the findings of a qualitative survey on the medium-term outcomes of the Family Action Plan (FAP), the program developed and refined by the Dara Institute (formerly Saúde Criança Renascer) since 1991 with the purpose of promoting positive changes in the living conditions of assisted families. The work was coordinated by the researcher Tania Limeira and made possible thanks to the contribution of the Dara Institute team which, throughout all stages, ensured the methodological and analytical consistency that was necessary given the multidimensional nature of the issues in question. This report is organized into five sections: context, Family Action Plan, research objectives and methodology, interpretative analysis of the testimonials, and final considerations.

CONTEXT

The term "social vulnerability" has been used in academic literature and in the field of public policy to broaden our understanding of the living conditions faced by families with insufficient income and difficulty accessing public services (health, education, sanitation, etc.) – conditions that impede their ability to prevent, deal with and effectively overcome social challenges and risk, and prevent them from enjoying social opportunities[1].

Social vulnerability can be understood as the result of multiple conditions, but it is the product of certain conditions and circumstances which can be minimized or reversed. Therefore, the term "vulnerability" broadens our understanding of the multiple factors that may weaken an individual's ability to exercise his or her rights[2]. People in a vulnerable situation, due in part to a lack of agency in accessing their rights, lack the resources, tangible or intangible, necessary to achieve an adequate quality of life and social mobility[3]. However, when they do receive support, these individuals can develop the capacity to overcome severe deprivation and dependency[4].

1 PAULILO, M.A.; JEOLÁS, L.S. Youth, drugs, risk and vulnerability: theoretical approaches. Social Service in Review, Londrina, v. 3, n. 1, 39-60, Jul./Dec. 2000.
2 MONTEIRO, S. The conceptual framework of social vulnerability. Society in Debate, Pelotas, 17 (2): 29-40, Jul-Dec/2011
3 CARMO, M. E. & GUIZARDI, F. The concept of vulnerability and its meanings for public health and social assistance policies. Public Health Notebooks, vol.34, n.3, Mar 26, 2018
4 Ibid.

Vulnerability and human capacity can be considered as two sides of the same coin; vulnerability can give rise to coping mechanisms which in turn reduce vulnerability[5]. Indeed, there is such a thing as "positive vulnerability" – the ability to use negative experiences to form a resistance, and learn how to deal with risk and overcome obstacles creatively[6].

Socially vulnerable populations are the main target of the Sustainable Development Goals (SDGs) of the UN's Agenda 2030, as well as of the Dara Institute.

Survey data from the Brazilian Institute of Geography and Statistics (IBGE) illustrates the situation of the socially vulnerable in the state of Rio de Janeiro. The data indicate that the proportion of unemployed people was 14.7% in 2017, with the most affected group being young people aged 14 to 29. The proportion of people employed in informal jobs was 34.9%. Black or brown-skinned individuals had a per capita household income of just over half (52.2%) of the that of white people.

The proportion of residents with per capita household incomes of up to US$5.50 PPP (purchasing power parity) per day was 19%. In terms of education, about 31% of children aged 0 to 5, and 89% of children aged 4 to 5, attended school. Only 18.3% of people aged 25 and over had completed higher education. Among young people, a lack of financial resources was the foremost obstacle to continuing their studies[7].

Housing conditions are a key factor in determining social vulnerability. According to a report by the Brazilian NGO Artemísia[8], in Brazil there is a quantitative and a qualitative housing deficit. The quantitative deficit (a lack of sufficient housing available and a preponderance of precarious housing) results in residents having lower incomes from excessive rent; it also leads to family cohabitation and excessive density in rented units. This deficit speaks to the need for more houses to be constructed. The qualitative housing deficit refers to inadequate housing conditions owing to a lack of infrastructure. Examples include residences built on inadequate land, with excessive density, inadequate roof coverage, and/or without sanitation facilities.

5 Ibid.
6 CASTRO, M. & ABRAMOVAY, M. Youth in situations of poverty, social vulnerabilities and violence. Research Notebooks, n. 116, p. 143-176, July 2002
7 IBGE. Synthesis of social indicators: An analysis of the living conditions of the Brazilian population. Coordination of Population and Social Indicators. Rio de Janeiro, 2018.
8 ARTEMISIA. "Analysis on Low Income Housing Challenges", 2018. Available at https: https://www. artemisia.org.br/habitacao/build/pdf/Release_TeseHabitacao.pdf

A 2015 study by the João Pinheiro Foundation found the quantitative deficit to be 7 million households (87.7% in urban areas and 783,000 units in rural areas) and the qualitative deficit to be 11 million households[9].

In the city of Rio de Janeiro, 139 (almost 86%) of the 162 neighborhoods have slums, or favelas. "Favela" is a term used by the IBGE to designate a "cluster of substandard dwellings, arranged in a disorderly manner and devoid of infrastructure (sewage, water supply, electricity, health centres, garbage collection, schools, public transport, etc.)". Favelas are typically located in irregularly occupied areas on hillsides, or on the banks of streams, rivers, channels, mangroves, etc. The houses are constructed of wood or mortar, many with more than one floor, with no space between each building, thereby creating high population density. The IBGE's 2010 census found that 23% of the total population of Rio de Janeiro (1,443,000 inhabitants) lived in favelas[10].

In Brazil writ large, in 2019 the total unemployed population reached 12.3 million, and the informal sector accounted for 41.2% of the employed population. There were 38.7 million Brazilians working in the informal sector, including 11.8 million workers without a formal contract in the private sector. 24.4 million Brazilians were self-employment (a type of employment that is also often informal in nature). The national average income was estimated at 2,187 reais (US$575 per month), remaining stable in comparison with the same period in 2017[11].

With respect to the United Nations Sustainable Development Goals (SDGs), Brazil's Institute of Applied Economic Research (IPEA, 2018) published national targets to be achieved by 2030[12]. SDG 1, the goal of eradicating extreme poverty, is measured by the number of people living on less than US$1.90 purchasing power parity (PPP) per capita per day. The IPEA's goal for achieving SDG 1 is to have no more than 3% of Brazil's population living in conditions of extreme poverty by 2030.

As for SDG 3, which aims to ensure a healthy life for all, one of Brazil's goals is to reduce neonatal mortality to a maximum of 5 per thousand births and under-five mortality to a maximum of 8 per thousand live births[13].

9 JOÃO PINHEIRO FOUNDATION. Housing deficit in Brazil 2015. Statistics and Information Directorate. Belo Horizonte, 2018. At: http://www.fjp.mg.gov.br/index.php/produtos-e-servicos1/2742-deficit-habitacionalno-brasil-3
10 Favelas in the city of Rio de Janeiro: The population framework based on the 2010 Census. IPP / City Hall of Rio de Janeiro, May 2012
11 "With informality on the rise, unemployment rate slows to 11.6% in October". Vinicius Neder, The State of São Paulo, Nov. 29 2019. At: https://economia.estadao.com.br/noticias/geral
12 IPEA. AGENDA 2030 - National Targets. Rio de Janeiro, 2018. At: http://www.ipea.gov.br/portal/images/stories / PDFs / books / books / 180801_ods_metas_nac_dos_obj_de_desenv_susten_propos_de_adequa.pdf
13 IPEA. SDG Notebook 3. Brasilia, 2019. At: http://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=35004&Itemid=444

The objective set out in SDG 5 is to achieve gender equality and empower all women and girls. As for SDG 10, which calls for reducing inequality, the goal set out by IPEA for Brazil is to accelerate income growth for the poorest 40% of the population at a faster rate than the pace of income growth for the richest 10%.

The progress Brazil has made to date toward achieving the SDGs reveals the challenges yet to be overcome. With respect to SDG 1, about 7.4% of Brazil's population – just over 15 million people – had an income level below the international average of US$1.90 PPP per capita per day in 2017. As for SDG 3, Brazil has seen progress in addressing infant mortality, with the rate decreasing from 53.7 to 16.4 deaths per thousand live births in 2016. However, according to a 2018 UNICEF report, six out of ten children still live in poverty. These are children and adolescents aged 17 and under whose families have very low income and/or who are deprived of rights such as education, information, water, sanitation, housing and protection against child labour.

Moreover, the Brazilian National Household Sample Survey (PNAD, 2015) indicated that in 2015 18 million girls and boys lived on less than 346 reais (US$111) per capita per month in urban areas, and less than 269 reais (US$87) in rural areas. About 6 million people were deprived of income-earning opportunities, and 12 million, in addition to living with insufficient income, were denied one or more of their rights. A lack of basic sanitation was the deprivation that affected the largest number of children and adolescents (13.3 million), followed by education (8.8 million) and a lack of access to clean water (7.6 million)[14].

For SDG 5, one of the key indicators is the rate of participation of men and women in the labour market. The 2016 IBGE survey found that 72.3% of men aged 14 years and over participated in the labour market, compared to only 51.4% of women[15]. The data released by the IPEA showed an increase in the number people who had been unemployed for more than two years, reaching 24.8%, or 3.3 million people, in 2019. This proportion was found to be higher among women (28.8%). The lower rate of participation in the workforce – and thus, lower income generation – illustrates the socioeconomic disadvantages faced by women in Brazil. In general, women have lower incomes than men due to discrimination and women's involvement in lower paid activities[16].

14 IBGE. PNAD Research – Synthesis of Indicators. Rio de Janeiro, 2015. At: https://biblioteca.ibge.gov.br/view/books/liv98887.pdf
15 IBGE. Continuous National Household Sample Survey - PNAD. Rio de Janeiro: 2016. Available at: <https://bit.ly/324mMvU>
16 IPEA. Labor Market, 2019. At http://www.ipea.gov.br/cartadeconjuntura/index.php/

Looking at SDG 10, 2018 data from the United Nations Development Program (UNDP) ranked Brazil ninth worst in terms of income inequality, as measured by the Gini coefficient, out of a total of 189 countries[17]. According to a 2018 IBGE Synthesis of Social Indicators study, about 52.5 million Brazilians live on less than 420 reais (US$110) per capita per month, an indicator of extreme poverty according to the World Bank. Of these, only 13.6% had any employment[18].

This is the context in which the Dara Institute operates, its overarching objective being to make progress toward achieving SDGs 1, 3, 5 and 10. To this end, the institute has developed a multidimensional social technology program called the Family Action Plan (FAP) which the institute has been implementing and improving upon since the plan's development in 1991.

2. FAMILY ACTION PLAN (FAP)

The Dara Institute (formerly Saúde Criança Renascer) is a non-governmental organization (NGO) that works to promote health and human development through the implementation and dissemination of an integrated approach to combat poverty. It was founded in 1991 by Dr. Vera Cordeiro and a group of professionals from the Hospital da Lagoa in the city of Rio de Janeiro, Brazil.

The Dara Institute is a pioneer among the organizations that use an intersectoral approach. Its work focuses on addressing the social determinants of health, which, according to the World Health Organization (WHO), are the socioeconomic factors related to an individual's living conditions.

17 UNDP. Brazil maintains a trend of progress in human development, but inequalities persist. At: https://www.br.undp.org/content/brazil/pt/home/presscenter/articles/2018/brasil-mantain-tendencia-deavanco-no-desenvolvimento-humano. September 2018
18 IBGE. Synthesis of Social Indicators (SIS), R. Janeiro, 2018. At: https://agenciadenoticias.ibge.gov.br/media/com_mediaibge/files

The Institute understands that, given the multidimensional nature of poverty, socioeconomic transformation for vulnerable families is only possible when the different areas of human development are addressed simultaneously and in an integrated manner. To this end, it developed the multidimensional social technology program called the Family Action Plan (FAP).

"Social technology" is defined as a set of transformative techniques and methodologies used in interactions with individuals and communities which are then adopted by that targeted population. It offers solutions for social inclusion and improving living conditions[19]. In the FAP, families are involved in setting goals and determining which actions to take regarding their health, education, citizenship, housing and income. In so doing, the plans ensure that families have agency in their own development, have access to rights and services, and are able to improve the quality of life of their members.

The first step of the FAP is to create a connection between families and the multidisciplinary team of employees and volunteers at the Institute's headquarters, where individual assessments are conducted. It is at this moment that a relationship of trust and shared responsibility begins.

The preparation of the FAP, in which the needs and priorities of each family is considered, is carried out in conjunction with the Institute's team. The main objective of each plan is to adopt systemic and sustainable changes that allow all family members to access their rights, improve their quality of life, and overcome their state of vulnerability.

19 ITS BRAZIL. Debate Notebook – Social Technology in Brazil. São Paulo: ITS. 2004

Each plan aims to improve health outcomes through actions that target sick children and their families. Doctors and nutritionists provide diagnostic and treatment information about the child's illness and offer assistance with scheduling exams and consultations in public and private hospitals or clinics. Items such as medicine, baby formula, meal cards (vouchers), and medical equipment are donated in cases where they are not available in the public health system.

The individual responsible for the family (mother, grandparent, aunt/uncle, or father) is apprised of all medical arrangements, such as making sure the children are up to date with their vaccinations, referring them for dental and ophthalmic treatments, or arranging for any special healthcare needs. Nutritional monitoring and psychological and psychiatric support are carried out at the Institute's headquarters or at a location closer to the family's residence.

The education component of the plans aims to ensure school attendance and participation, and to encourage the involvement of parents in their children's education, given that a key component of the FAP is building awareness around the importance of education. The Institute's staff facilitates access to schools and monitors the enrollment, participation and attendance of each child, in addition to obtaining scholarships for them to attend private schools. While their caregiver attends meetings at the Institute, recreational activities grounded in child psychology best practices are provided for the children.

The Teen Support program offers youth aged 12 to 17 a space for listening, dialogue and support. The program convenes meetings for teens to discuss issues such as sexuality, health, personal hygiene, pregnancy, family relationships and work, as well as organizing cultural outings. The program focuses on personal development and preparing young people for adult life.

The "citizenship" component of the plans promotes access to justice and provides guidance to families about their rights and responsibilities. Social workers and lawyers provide information and advice on matters such as government benefits, child support and recognition of paternity, and property regularization. They also facilitate procedures to obtain official documentation such as birth certificates, identity cards, taxpayer registry identification numbers, work permits, and school records.

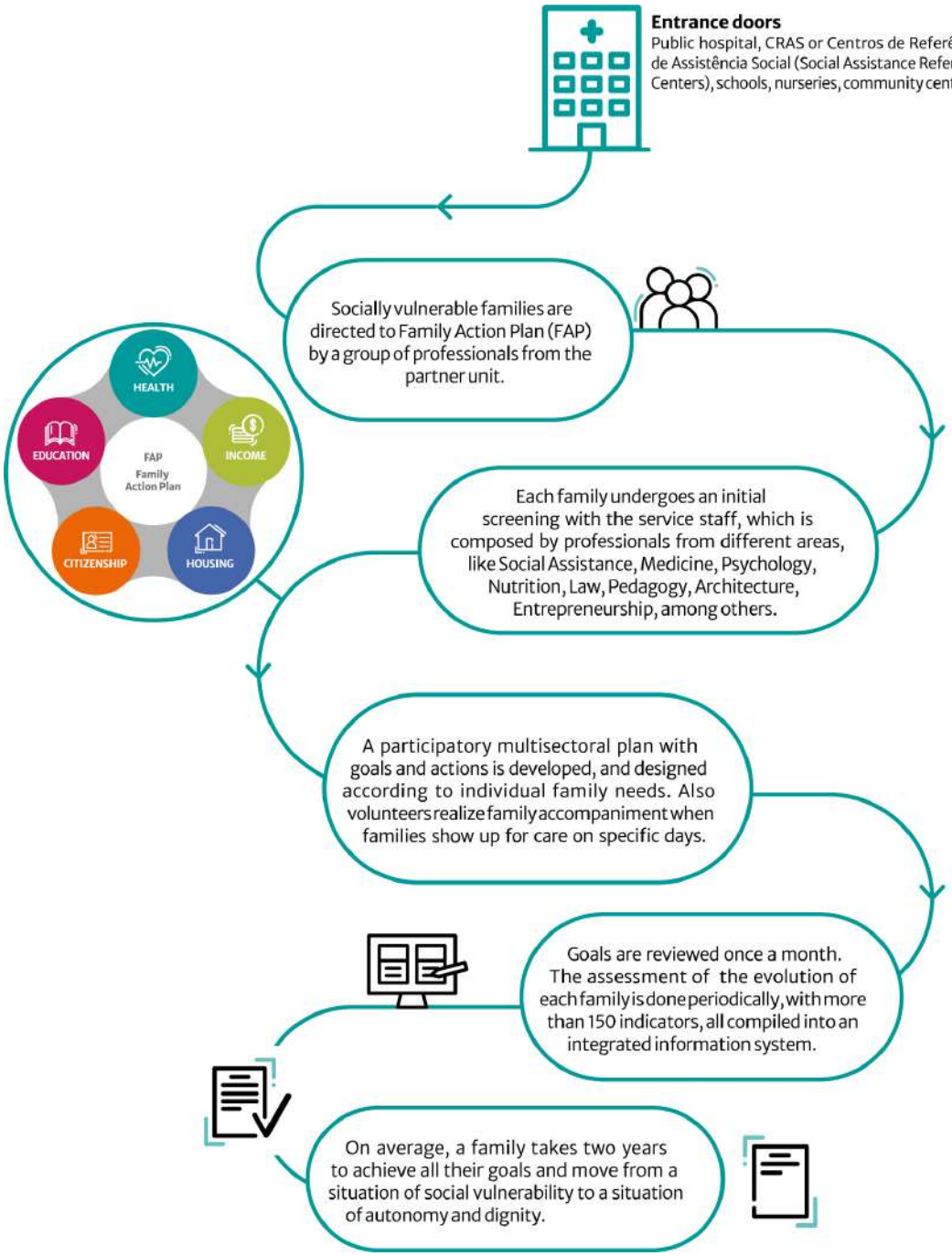
The income generation component of the plans aims to provide support to the primary provider for each family to find work and identify opportunities for entrepreneurship. These primary providers receive vocational support and referrals to attend professional workshops at the Institute or at specialized training centres. They are offered vocational training classes (e.g. in cooking, beauty services, jewelry making, etc.) which are structured in modules aimed at maximizing the skill development of each participant. The Institute also sends family representatives to professional training courses offered by other institutions, as well as providing guidance to those who wish to complete their high school education and receive their diploma. Many FAP participants have completed vocational courses that have enabled them to find employment in hair salons, as private security guards, as nursing assistants, and so on.

The Institute's team monitors each family's development. In order to increase the likelihood of the training translating effectively into income-generating activities, the team takes proactive measures such as:

- seeking out job openings and opportunities;
- helping participants prepare for interviews;
- providing guidance and start-up support to entrepreneurs; and
- securing donations of equipment for participants.

With respect to housing, the Institute undertakes visits to the families' homes to inspect the sanitation facilities, pipe infrastructure, and electricity, and to determine whether there have been any infiltrations. When possible, renovations are made to the home to create a healthy and safe environment, as well as adaptations for children with special needs. The Institute's team, which includes architects and legal and financial professionals, advises families on healthy cleaning and maintenance practices to ensure a healthy environment. Family participation in housing reform is also encouraged.

The impact of the FAP is evaluated using more than 150 indicators that measure progress made by families in health, income, housing, citizenship (access to rights/benefits) and education. All the data collected are entered into a robust information system that has been used since 2012. Developed by the Institute's team with the support of a leading engineering firm, the system is evergreen and allows any manner of update to be made as needed.



Updated data are fed into the system during each visit by the families to the Institute (at least once a month) and after each home visit by the team. The system then allows the Institute's staff to generate a range of different reports, drawing upon relevant data for a given topic. The team uses the stored data to periodically monitor and evaluate the progress of each family in an integrated and intersectoral manner, allowing them to address any issues swiftly and strategically.

According to the Institute's data, about 10% of families do not adhere to the FAP and fail to complete the program. The primary causes of this noncompliance are the difficulty they face in adhering to the rules, and a disinclination on the part of primary providers to take on a managerial role on behalf of their family.

Looking at the quantitative results, the system's data show that from January 2013 to December 2018 families that completed the Family Action Plan had an average increase in income of 55% from when they first entered the Institute. In their last year of participation in the FAP, families saw a 70% decrease in the incidence of rehospitalization. The Institute's social technology program thus offers evidence of positive results in the short and medium terms.

In 2013, researchers from Georgetown University carried out a study of the results of the FAP, looking at how families fared three to five years after completing the plan. They found that the income of participating families almost doubled and hospital readmissions fell by 86%. Moreover, 50% of the families had their own home after completing the FAP, up from 28% prior to entering the program.

By 2019, approximately 15,500 families (approximately 57,000 people) participated in the Family Action Plan at the Institute's headquarters and at other organizations that have adopted the methodology in Brazil. Of these, about 4000 families (or 18,000 people) were served in Belo Horizonte following the adoption in that city of the FAP as a public social assistance policy.

As the UNDP's 2014 Human Development Report states, "Preparing citizens for a less vulnerable future means strengthening intrinsic resilience communities and countries[20]." The findings above illustrate how the Family Action Plan corresponds to that vision through its promotion of human and sustainable development.

20 UNDP. 2014 Human Development Report. At: http://hdr.undp.org/sites/default/files/hdr2014_en_web.pdf

3. OBJECTIVE AND METHODOLOGY

This evaluation of policies, programs and projects is the product of qualified and systematized information, the objective of which is to support decision-making and actions of relevant stakeholders. It provides the inputs to understand the nature and dimension of the results and impacts generated, thereby serving as a means of accountability to diverse stakeholders[21].

The Institute's team considers deepening knowledge about psychological and behavioural factors – perceptions, attitudes, feelings, social interactions and outlooks for the future – to be of vital importance. These factors cannot always be fully understood without an in-depth study that focuses on them specifically.

This evaluation of the results and impact of a social program takes a Theory of Change approach[22]. The Theory of Change demonstrates the logical sequence of inputs (the program's resources and activities), outputs (short-term results), outcomes (medium-term results) and impacts (sustainable social change generated only by the program)[23]. Table I illustrates the Theory of Change as it applies to the FAP.

The general objective of this survey is thus to understand the medium-term qualitative impact of the FAP with a focus on psychological (perceptions, attitudes, feelings) and behavioural (social interactions, social withdrawal, coping) factors, as well as living conditions, including health, housing, work, education and citizenship, based on the perspective of the primary provider for each family.

21 FRANZESE, C. et al. Reflections for Ibero-America: Evaluation of Social Programs. ENAP, 2009
22 ROGERS, P. Using program theory to evaluate complicated and complex aspects of interventions. Evaluation, 14, 29-48, 2008
23 KELLOGG FOUNDATION. Evaluation Handbook. Jan. 2010. At: https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook

INPUTS	ACTIVITIES
HUMAN RESOURCES	HEALTH
Staff coordinate and provide assistance to families (social workers, doctor, nutritionist, psychologist, teacher, lawyer, etc.)	Medical guidance on diagnoses, medication directions, referrals for exams
Approximately 150 volunteers from diverse backgrounds assist families and support the organization	Help obtaining medication or baby formula, or guidance on obtaining these products through access to justice, and by exercising rights
MATERIAL RESOURCES	Psychological counseling and referral to clinics close to the family home, facilitating continuous care
Qualified and experienced human resources	Nutritional guidance for the family, healthy eating guidelines, provision of meal cards (vouchers)
Meeting rooms	EDUCATION
Food and medicine distribution	Guidance provided on the importance of parental involvement in the education of children and strengthening active participation
Consultations with doctors and psychologists	Counselling offered on the importance of returning to school
Professional courses	Assistance provided in identifying quality schools close to the home
Offices for staff and for meetings with assisted families	Conversations with the teacher and guidance offered to address learning or behavioural issues. Referral to specialists to address hearing and vision problems
Legal advice	CITIZENSHIP
Computers	Legal guidance offered on rights
IT system	Legal guidelines provided on matters such as pensions, family allowances, and obtaining baby formula
	HOUSING
	Housing renovations provided to reduce health risks. Guidelines offered for better use of space
	Guidance provided on cleaning and hygiene practices
	INCOME
	Courses offered by the Institute (e.g. on hairdressing, cooking); sponsorship for courses offered elsewhere (e.g. private security, appliance repair, caregiving)
	Guidelines provided on how to look for a job; help finding job openings
	Classes in financial planning

OUTPUTS	OUTCOMES
HEALTH	HEALTH
Number of medical consultations	Change in the health of the children attended to
Total number of health-related interventions and campaigns	Up-to-date vaccinations
Number of referrals for exams or consultations	Satisfactory nutritional health of children attended to
Total donations of baby formula and medication	Satisfactory nutritional health of children attended to
Number of referrals to obtain access to health-related rights	- Health-related treatments are regularly maintained (consultations, chemotherapy, physiotherapy, etc.)
Number of psychology consultations	Health-related rights are respected
Number of referrals for psychological or psychiatric care near the family residence	Pregnant women receive prenatal care
Number of mental health information sessions offered	Women go for regular pap smears
Number of visits made to discuss nutrition	Participation in family planning offered by Brazil's Unified Health System (SUS)
Number of information sessions offered on healthy living	Improvement in psychosocial wellbeing, i.e. empowerment, self-esteem, autonomy, self-confidence, sense of belonging, resilience, social skills and outlook for the future
Total number of meal cards (vouchers) donated to families	EDUCATION
EDUCATION	Children enrolled in the appropriate grade at school
Number of consultations and guidance session provided related to education	Parents return to school, earn diplomas, or become literate
Total consultations offered on education	Improvement in school performance
Number of referrals for ophthalmologists and consultations with hearing specialists	Family members transfer skills into gainful employment
CITIZENSHIP	Guardians participate in their children's school life
Number of discussions held about legal processes	CITIZENSHIP
Total consultations offered on rights as citizens	Basic documentation completed
Number of referrals to legal specialists who can facilitate access to basic rights	Access to benefits
HOUSING	Greater access to support network
Number of renovations completed	HOUSING
Number of housing services provided	Safe housing
INCOME	Housing documentation obtained (when possible)
Number of participants in courses offered by the Institute or elsewhere	Address established
Number of services provided by the Institute's income generation team	Basic housing conditions satisfied
Total consultations offered on entrepreneurship and training	INCOME
Total classes held and number of participants in financial planning classes	Income stability
	Financial control
	Family members transfer skills into gainful employment
	Primary providers become entrepreneurs

The research team's specific objective was to understand the psychosocial changes experienced by the participants and their families (see Table II). The survey endeavored to collect evidence to better understand the psychological and social experiences faced by families. Participants were asked to express how they felt about these experiences using their own words, as well as to articulate the importance that they attach to these experiences – that is, how they perceive their challenges, changes and achievements.

The findings of the survey can then be used by the Institute to identify unmet needs of the target population and opportunities for innovation.

The research was guided by social psychology theory, which studies the behavior of individuals when interacting with others, or in the expectation of such interactions. This approach is used to study the reciprocal influence between people and the cognitive, affective and behavioural processes generated by these interactions[24]. Theories of social psychology consider how people develop social interaction skills and learn patterns of behaviour when observing the consequences of the actions of others. They develop dialogue capabilities and learn to control of their own behaviour, as well as expanding their social network, which reduces the stress that can result from interpersonal conflicts, frustrations and failures[25]. In this way, they can develop their individuality and grow their potential, strengthening their sense of self[26].

This descriptive and comprehensive qualitative survey[27] was carried out between August and December 2019, involving four focus groups totaling 18 women responsible for their families. The survey's duration was about 90 minutes for each group. Individual face-to-face interviews were held with 12 other women heads of families, each lasting about one hour, at the Institute's headquarters in Rio de Janeiro. The total sample was thus 30 women heads of families who had graduated from the FAP program between 2015 to 2018.

The use of focus groups and individual interviews afforded the Institute's team valuable insight into the understanding of the experiences of participants, as well as the value the participants attached to these experiences. These techniques required that the researchers be creative, sensitive, respectful and non-judgmental[28].

24 LANE, S. T. M. What is Social Psychology? São Paulo, Brazilian, First Steps Collection, 1981
25 DIAS, C. & SILVA, C. Bandura's theory of social learning in the formation of conversation skills. Psychology, Health & Diseases, vol.20 no.1, Lisbon, Mar. 2019
26 LYRA, Maria C. Development of a historically constructed system of relationships: Contributions from communication early in life. Psychology: Reflection and Criticism, v. 13, no. 2, 2000. p. 255
27 KAUFMANN, Jean-Claude. The Comprehensive Interview: A Guide to Field Research. Petropolis, RJ: Voices, 2013

The sample selection was made based on the graduation year from the FAP (between 2015 and 2018), their availability for contact by telephone, and their ability to travel to the Institute's headquarters. The participants (see Annex for participants and sample profiles) were invited to the Institute's headquarters by the Institute's social worker for a group or individual conversation with a member of the research team, on a prearranged day and time, to evaluate their family's situation following their graduation from the FAP. The sampling was carried out in two stages. Of the 58 families who were contacted by telephone, 54% responded.

28 PRATES, L. A et al. The use of the focus group technique: A study with Quilombola women. Public Health Notebook, Rio de Janeiro, 31(12):2483-2492, Dec, 2015

Table II – Psychosocial Factors Evaluated

Sense of self	How a person defines him or herself, based on relationships, experiences and expectations (Rogers, 1977)
Self esteem	Ability to feel satisfaction with oneself. Maintaining positive self-esteem is a human impulse. (Leary, 1999)
Self confidence	Conviction in one's ability to carry out activities and solve problems, which increases motivation and self-esteem. (Bénabou & Tirole, 2002)
Self-acceptance	A positive attitude toward oneself and one's past. Recognition and acceptance of one's positive and negative traits. (Ryff, c., 1989)
Coping ability	A person's ability to navigate everyday situations, alleviating sources of stress and suffering. (Lazarus, & Folkman, 1984)
Empowerment	People's ability to understand and control their desires and capabilities, to act and improve their lot. (Baquero, 2012)
Gratitude	The ability to recognize those who provide support as a means of maintaining social bonds. (Emmons & McCullough, 2004).
Social identity	Part of an individual's sense of self, derived from recognizing affiliation with a (or several) social group(s). (Tajfel, 1981)
Resilience	A person's capacity to deal with problems, adapt to changes, overcome obstacles or resist the pressure imposed by adverse situations. (Araujo, C. et al., 2011)
Social withdrawal	Distance from a peer group; paucity of interaction resulting from personal choice, shyness or anxiety (Coplan & Rubin, 2007).
Sense of Belonging	The need to feel like part of a group. Not being accepted or loved by others affects self-esteem and well-being. (Baumeister e Leary,1995)
Social skills	Skills necessary for satisfying interpersonal relationships (Del Prette, Z. et al., 2005)
Future outlook	How people perceive the future and how they envision achieving their goals. (Oliveira & Saldanha, 2010)

Prior to participating in the research, all participants signed a consent form safeguarding their identity, consistent with contemporary ethical practices for research.

4. ANALYSIS

The analysis is divided into three themes: memories of the past, current living situation and the outlook for the future.

4.1 Memories and feelings about the past

When describing their experiences and feelings about their lives prior to participating in the FAP, participants spoke of a preponderance of suffering due to emotional and physical stress associated with caring for their sick children or grandchildren without family or professional support. They also described their involuntary social isolation due to a lack of time and energy to expand or maintain social interactions. The terms used most commonly among respondents were “suffering,” “depression,” “despair,” “helplessness,” “fear,” “constraint,” and “disorientation.”

In addition to personal and family suffering, all participants mentioned difficulties associated with their situations, such as financial constraints, the high costs of medication and treatment, the lack of adequate public medical assistance, the burden of caring for their sick family member, their lack of knowledge about how the illness would evolve, unpredictability about the future of their family, and, often, a lack of family support. In some cases, this stressful context had given rise to familial tension and conflict and disruptions in marital relationships.

Suffering, depression and disorientation

"I got here through pain, like all mothers. I often say that it was the suffering that gave my victory. I almost lost my daughter, and that's when the doors opened for me." (IS)

"I hit rock bottom. It was so bad that the nurses and the doctor couldn't talk to me. Then the Dara Institute gave me a psychologist and a social worker. It was great." (AP)

"The doctor said that my son had a disease that could not be cured, and that he would go crazy afterwards. I became desperate." (Gra)

"The Institute teaches people how to overcome pain. It hurts less now, because seeing our children sick makes mothers sick too. I had to undergo psychological treatment here because when I arrived I was depressed, but I got over it and today I work in my profession, I have my own salon, and have overcome the pain." (Li)

"The Dara Institute helped me a lot. I was stuck and had nowhere to run. I felt hopeless. I was unemployed, and my daughter needed asthma medicine. It was such a hard time." (Vi)

"[My son] was born a healthy child, but at thirty-eight days old he developed autoimmune hemolytic anemia and needed to be hospitalized. It was a major blow, it completely overwhelmed me. At first I felt very insecure, I cried a lot, I was very tense, and I kept thinking my son was going to die." (Ger)

"My life was frantic because [my daughter] was born with a problem, cerebral palsy... I thought, 'I don't even know where to start. Where do you start with a child like that?' That was when they sent me to come here to talk to you, you know, to participate in the SC (Saude Criança, or Dara Institute) because I said I wouldn't go, so [the Institute] helped me deal with the huge weight that had fallen on me." (Ma)

"I arrived here totally destabilized, financially and emotionally, because of my life situation." (El)

"I felt tired, frustrated...a little depressed too...because life was just too much to bear." (Ja)

4.2 Current situation: Transformations

The Family Action Plan (FAP), with its multidimensional approach, seeks to promote positive and sustainable changes in living conditions and in psychological and subjective factors that affect the quality of life of assisted families.

Social Interaction and Sense of Belonging

"I matured a lot during my time here, it helped me face my son's problem with more strength. People come here thinking that their situation is the worst there is. And then they have a reality check because there are people here whose problems are worse than theirs. Living with everyone was a kind of therapy, because each mother had a different problem. And we started to talk and mingle. As we immersed ourselves in the classes, little by little the problems disappeared. There was no more sick child, no more stress." (Ger)

"When [my son] was born, I only ever saw him with doctors. It made me stressed, I was so stressed. I fought with everyone at home. I was really stressed. He became my whole life, I stopped everything else, it was all just about him. I would come home tired. Then they wanted ... they kept charging me ... I had things I needed to do at home, take care of my husband, my other children, meals. Then when I came here, I talked to the staff, listened to the presentations, I heard about other families' problems, problems that I always had, and their problems with their children, and I learned a lot. I left this place a different person." (Mar).

Subjectively and psychologically, the survey participants reported how they had recovered their sense of self, self-confidence, self-acceptance and hope. Group conversations facilitated by the Institute, and interactions with the team and other participants, helped participants to recognize their capabilities. The FAP made it possible for participants to overcome anguish, fear and disorientation and the participants were thus able to find jobs, generate income for their families, and continue with medical treatments for their children, grandchildren or nieces/nephews.

Resilience and Coping

"There was one discussion circle where everyone was crying. But it was good, we blew off steam. It's bad to bottle things in. If you can talk about it, it's a relief. I became a lot stronger. I went back to being the same person I was before, but with more determination." (Ro)

"I've learned not to be afraid. And I know what I'm talking about, because fear used to control my life. The doctor said: 'Your daughter has this, this and that.' And I thought, 'I'm not going to survive, I'm not going to make it, how am I going to handle this?' But when I got to meet with the psychologist, she taught me not to give up. So I kept going, and today I'm on my feet." (Go)

"I really, really changed. I was very shy, I wouldn't speak, even when I needed something. I didn't have it in me to open my mouth – to say "I need this, this and this" – because I was ashamed. And I kept thinking: "My God, how is this going to work?" I had no way to go forward, but in life, you have to go forward. So I went to the psychologist and she helped me." (Gra).

The interactions with the Institute's staff and with the others in the program brought about significant changes in the way participants thought about, understood and faced problems. It also influenced changes in their behaviour towards their children, family members and themselves. Moreover, by taking advantage of the professional courses offered by the Institute, participants in the program developed new professional skills such as cooking and cosmetics.

The guidance and professional support the participants received helped them to make positive cognitive, psychological and behavioural changes. Taken together, the psychological support and the professional training courses helped participants reaffirm their social identity and foster a sense of belonging and social adjustment[29]. In addition to teaching them marketable skills, these interventions helped reduce the anxiety, anguish, and sense of helplessness that had resulted from their previous social withdrawal.

The behavioural and emotional changes that resulted from interactions between the group of mothers, and from the meetings with the Institute's team, demonstrate the immense motivational power that a sense of belonging and strong and stable interpersonal bonds can unleash. This sense of belonging has strong and multiple effects on the emotional patterns and cognitive processes of individuals and groups. Conversely, a paucity of interpersonal ties has been shown to have negative effects on health, social adjustment and wellbeing[30].

29 BANDURA, A.; AZZI, R.G.; POLYDORO, S. (Eds.). Social Cognitive Theory, basic concepts. Porto Alegre: Artmed, 2008.
30 BAUMEISTER, R. & LEARY, M. The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117(3), 497–529, 1995

Self-acceptance, Self-confidence and Self-esteem

"I like myself better now. Before, I couldn't look at myself in the mirror, I felt so overwhelmed, so low. When I came to the Dara Institute, I started to see things differently. I began to realize that you have to like yourself. You have to take care of things, but you also have to take care of people, because 'An empty bag cannot stop stand upright.' (...) [Now] I know that my children see me as a strong woman who never gives up, who's never put off by anything. That makes me really happy." (Zi)

"We live in a world where you feel inferior, you feel like you can't go on. You're afraid, you think 'I can't do it, I won't know how,' and that ends up putting up a wall, it holds you back, holds back your dreams. The Institute opened my mind, because you can always go further: 'I can do it, I will make it if I try.' The Dara Institute was the support structure I needed to walk." (AnP)

"I gotta say, I...I felt like a lioness after I got separated...I really did, because I had to leave my daughters' father, because he was so irresponsible. I had to leave the house, I had to face the facts, find a place to rent, and take responsibility for my two daughters once and for all, because I was tired of the life I was living, you know? I said 'I don't want this anymore, not for me, and not for my daughters.' I felt very strong, I didn't know I had the strength to leave home". (Fla)

"In the past I was much shier than I am now, I was really shy. That discussion circle helped me open up, to talk. The psychologist too. She talked a lot about me, she taught me so much...So, I was learning. I made some cool friends, even today I'm still friends with them. My self-esteem is super high now." (Mir).

Self-confidence, Self-esteem, Empowerment

"Oh, everything changed. I wasn't doing my hair, I wasn't wearing lipstick. I was wearing below-the-knee skirts. I didn't have the self-esteem to put myself together. If I show you the photo they took when I arrived – my God! When I was discharged from the SC [Dara Institute], they it to showed me. I put my hand on my face and said "Guys, is this me?" (Gra)

"I even learned about how to raise my children here. I'm from the northeast, and in the northeast parents are really strict, severe, so I thought 'What I say goes' because I am a mother and an authority figure. Now I've learned that my children also have a right to speak." (Da)

"I see a lot of mothers who get depressed, so I tell myself: 'You can't, because if you get depressed, who is going to take care of your daughter?' So I carry on, doing my best to be okay. I also take care of myself, going to medical exams, both for me and my daughter. There is no point in taking care of just her and not taking care of myself too." (AnP)

"Nowadays, women are doing all kinds of things. You see women drivers, train operators and Uber drivers. So we have to seize opportunities, show that we can do it. We have the possibility to grow. We are all warriors." (Go)

"People change, eh? For sure, we change... Our thinking changes, for example. We start to feel more confident, and believe that...that everything will work out, right? That everything is a phase, you know what I mean? That it doesn't last. For me things changed a lot, I really appreciate the job training here, for encouraging me to have a profession to work in... In the cosmetics course, people come in not wanting to comb their hair, not wanting to wear lipstick or foundation, but they get help and they feel completely changed." (Mi)

"The thing that changed the most for me was my way of thinking...to be able to get better. First, I had to get myself better, then I had to get the house into better shape, so that I, and everyone around me, could breathe, you know what I mean? My way of thinking has changed, so now if I say, 'I want this,' nobody is gonna come and say 'You're crazy, you'll never get it...'" (Fe).

The following quotes illustrate the degree to which participants recognize the Institute's support on matters of citizenship.

Citizenship (Accessing Rights and Benefits)

"When my son was discharged from the hospital, he still needed machines. There was one that was very expensive, a BiPAP machine, that he needed breathe. The lawyer took me to the public defender's office. We filed a lawsuit to get diapers, baby fromula, and a tracheostomy tube holder. So, I got the BiPAP machine. And I have eight lawsuits in court. Here they taught me that my son has rights. They gave me a pamphlet. Then I said in court: "I know that my son has rights, here's what the law says, the exact article. I want my son's baby formula, otherwise I will go to [the television network] Globo, I will go to [the television network] Record". Then they asked, "But who gave you this pamphlet?" "It was an NGO that gave it to me." All I know is that now I get formula and diapers." (AP)

"I matured, I learned to be a mother, and more of a woman. My husband said, 'You are a new person, a fighter.' I became a better mother, more responsible." (Adri)

"I got a metro card here too... which I didn't know about. They showed me how to get it and how to use it, explained its benefits. They gave me the guidance, and I went and got it." (Mar)

One of the mothers mentioned the transformation that took place in her teenaged daughter's behaviour after the latter participated in the Teen Support program.

Youth Transformations

"The Dara Institute welcomed my daughter. She finishes her studies this year and will start first job and become independent. I was afraid to leave her alone, because a mother's greatest fear is having her daughter fall in with bad company. The Institute grabbed her just at the moment she was thinking about going astray, and brought her back. I am grateful for the Teen Support program." (Li).

Another important improvement in the participants' living conditions was brought about by renovations made to their homes, as highlighted in the following testimonials.

Living Conditions – Housing

"My life before was totally hopeless. Now, it has completely changed. I didn't have a house, I lived in a room that had a bathroom, a tiny kitchen, and a room where I slept with my husband and three children. Then I was offered the chance to take a hairdressing course. I took the course, then I started working to improve my life. The Dara Institute gave me all the materials I needed. They set up the whole space. My house was renovated through the Institute as well. And they issued me legal title to my house." (Gra)

"Thank God, today I live well. My son and daughter are healthy. And I think about my next steps, but just having my children healthy is already a victory. (...) Nowadays our family's financial situation is stable. And we managed to renovate my house. Now, I like my home, it is a small, humble house, but it is full of happiness." (Fa)

In addition to improving their children's health and undergoing subjective and behavioural changes themselves, most participants also cited the professional qualification program offered by the Institute as an asset that provided them with autonomy, self-esteem, a sense of dignity and an outlook for the future, in addition to income. They also recognize the ability to work as a personal achievement, considering the effort it takes to get qualified and seek out new opportunities.

Professional Qualification and Entrepreneurship

"I am trained as a beautician, I am self-employed. I am a hairdresser, manicurist, eyebrow stylist, and makeup artist, and I have the Dara Institute to thank for all this. I got my salon from the Institute, just not the supplies. They helped me open a salon so I could work from my home. Today I am able to pay rent and my suppliers." (Is)

"I have been working on a formal contract for 1 year and 6 months now. I loved spending time at the Institute, because I was very well received, I was welcomed with open arms. And whenever I needed it, the Dara Institute helped me. If it weren't for them, I don't know what I would have done." (So)

"I had the chance to take the cooking course, and then I started making things to sell, to have a higher income. I started making cakes, snacks, and desserts to sell. I was able to buy more and give my daughter more things, because I had a lot of expenses." (Ros)

"I work as a caregiver for the elderly, which has always been the area I dreamed of. I got a job at Faetec [a technical school in Rio] because I fought tooth and nail for it." (Va)

"Today, my life is very good. I worked a lot, a lot, I would get to the salon at 5:00 a.m. to meet clients who wanted to get ready before work. Every day I would close the salon at midnight. For me it was gratifying because I achieved my goal. So I didn't care if I had to stay there for even 24 hours straight. Just achieving my goal was great. "(Gra)

"Nowadays I can earn income and provide my children with food and medication. One of them needs prescription medication, which is more expensive, but I can manage. My husband is working on a formal contract, he's a welder." (Li)

"God showed me this NGO in order to make a dream that I couldn't afford come true. I wanted to take courses in hair removal, manicure and eyebrow design. It was good for me. I set up a little salon at home. Thanks to God, it has been a success." (Zi)

4.3 Outlook for the Future

The participants reported that, thanks to the support they received, and their ability to address the health problems of their children (or nephews or grandchildren), they began to envision a positive outlook for their future and their family's future. They also started to develop goals, and brainstorm initiatives to meet those goals, such as professional training courses and entrepreneurship. The testimonials below illustrate this process.

Future Outlook

"I had no dreams. I felt trapped, it was a lot of work to look after my daughter. But now that she's at school, I have a little time to think about things. I went on YouTube to find out how to do acrylic nails, stuff like that. I was taking courses on the internet and learned at home. Now I've opened a tiny salon and I do acrylic gel and fiberglass manicures for my clients." (Vi)

"My future? I pray to God that my daughter finishes school, that she graduates in whatever studies she wants. I'm taking a nursing course, but my big goal is to become a civilian firefighter. I would really like that." (Va)

"I dream of going to college. But for now, I don't see myself being able to afford it because I have to pay for school for my girls. I have to invest in them. But my dream is to go to college." (AnP)

"For me, the sky's the limit. I have faith, I believe that I will continue to progress. I'm going to be a great businesswoman, I'm going to start my own catering company. I see myself as a great entrepreneur in the future. It's not easy for anyone, but it takes persistence. You need to persevere." (Cl)

"Today I work in the beauty industry, but I have another passion. Next year I'll start taking a nursing course. I'm starting to build my own salon too, in my house, because I don't want to pay to rent a store. I'm going to get my family to work with me, my nieces and sister. I'll also work in the health sector. I'm going to be a nurse." (Is)

"My plan is to go to law school, and send my daughter too. We had time to think about our future, what we want for ourselves. I started to imagine a better future than being a hairdresser. Because without college you don't get anywhere. And nobody wants to be scrubbing bathrooms. It's a job, but nobody wants to keep doing that. We want more. We have to believe that we can do better than that. " **(Li)**

"I want to open my own restaurant. I took a cake decoration course, and I'm teaching my daughters so they can work with me." (So)

"I have three goals for this year: get a wheelchair and a hospital bed for my son, and learn to cook diabetic-friendly food, because my husband is diabetic." (AP)

"My dream is to have a house with a little yard to raise some animals. When I was younger, my father had a farm, with crops and sunshine. I dream of having a big living room with a sofa and a TV. I can't have that now because my house is tiny. I don't want to still be living here in my old age because this house has stairs. I will fight for these things." (Zi)

"I want to have my own business making desserts. I want to be self-employed, because work is so hard. And my dream is to have my own house and stop paying rent. And always give the best to my daughter. It's a dream I can't stop dreaming." (Ros)

"I have a piece of land, and my plan is to build an events hall on it for weddings. I would build a separate room just for brides and bridesmaids where they can get ready for the ceremony. And I could put a store in the front." (Gra)

"My children are my priority. I've got to invest in them, to pay for their education so that they can grow. And I want to specialize more, to grow in the beauty industry. I don't plan to go to college outside my area. I want to have a better life, and buy a house in a better neighbourhood, because we live in a risky area. I want a bigger house, and to have my own car." (Fa)

The feeling of gratitude toward the Institute's staff was unanimous.

Feelings of Gratitude

"I care so much for everyone here. You welcomed me, hugged me, and that was what I needed, that hug. And I tell everyone at home: "Guys, I've been through the worst, and now nothing can shake me." The time I spent here was very happy. May God continue to bless you." (Zi)

"I'm so grateful, and I'm sure that all of the families that have passed through here have had some part of their life changed, whether it's their children or themselves. I'm sure because my life changed too (...) I always stress that it was the help I got with my son that I'm so grateful for, and for the training course I got to take, that helped me so much, because after I had him, he had this whole problem." (Ger)

5. FINAL CONSIDERATIONS

The testimonials show that all participants in the FAP experienced significant subjective, behavioural, identity, economic and social changes, and achieved goals such as professionalization, income generation, improvements in the well-being of their families, and overcoming serious health problems.

The participants learned to deal with physical and psychological suffering and develop self-confidence, self-esteem, self-control, sociability and hope for the future. In addition, they sought professional qualifications and job opportunities, and took steps to secure medical treatment for their children, grandchildren or nephews. This allowed them to envision a positive outlook for their future their family's future. Feelings of gratitude toward the Institute's staff were unanimous across all participants.

The results also show that the multidimensional social program, implemented by a specialized, engaged and committed team, helps to empower the families served, especially the mothers. It enables the participants to become agents of change, transforming their social vulnerability into safe, healthy living conditions and engendering a positive outlook for the future.

However, some structural difficulties still persist due to insufficient public policies directed at this population, mainly in the areas of health (lack of medicine and specialized services for highly complex conditions), education, professionalization and income generation, housing, urban infrastructure and safety.

In this regard, social organizations cannot assume the role of governments, nor can they eliminate all the deprivations faced by families. These deprivations are diverse and long-term and difficult to overcome in the short term given their multifaceted and multi-causal nature. They are the result of an individual's life history and a lack of alternatives. The persistent challenges these individuals face on a daily basis (homelessness, transportation, low wages, lack of adequate medical care) are difficult barriers to overcome in the absence of an integrated set of public policies and investment.

The high degree of satisfaction and gratitude felt by the participants stems from the fact that the FAP made it possible for them to overcome various sources of vulnerability, allowing the families to emerge from isolation and suffering and restore hope for a more promising future.

It is also important to note that the target audience of the Institute is relatively homogeneous in terms of their socioeconomic and vulnerable status. This fact may explain the similar reactions and feelings expressed by FAP participants (gratitude, self-confidence, self-control, hope for the future). Indeed, the reported behavioural and subjective changes were relatively similar across the sample. The differences that do exist among the participants can be attributed to factors such as personality (temperament), degree of personal ambition, and professional interests and aspirations. The general homogeneity of the responses also stems from the participants' sense of belonging and identification with a new social group – the Dara "family" – and from the social interaction with the Institute's staff and other FAP participants.

Finally, the research achieved the objective of presenting clear evidence on the FAP's impacts on the families' behaviours, attitudes and feelings, which were also observed on a daily basis by the Institute's staff.

As for the opportunities for innovation and improving the FAP, the research indicates that an important factor in reducing the level of social vulnerability is professional training that allows participants to secure and maintain formal employment and earn income to improve their living conditions. In this regard, in order to expand support to families, the Dara Institute may look to establish new partnerships with technical schools which would further enable assisted parents and guardians to achieve professional qualification.

BIBLIOGRAPHY

ARAUJO, C.A. & MELLO, M. A. & RIOS, A.M.G. Resilience. Research Theory and Practice in Psychology. S.Paulo, Ithaka Books, 2011

ARTEMÍSIA. "An analysis of low-income housing challenges," 2018. Available at: https://www.artemisia.org.br/habitacao/build/pdf/Release_TeseHabitacao.pdf

BANDURA, A.; AZZI, R.G.; POLYDORO, S. (Eds.). Social Cognitive Theory, basic concepts. Porto Alegre: Artmed, 2008.

BAQUERO, R. Empowerment: An instrument of social emancipation - A conceptual discussion. REVISTA DEBATES, Porto Alegre, v. 6, n. 1, p.173-187, Jan.-Apr. 2012.

BAUMEISTER, R. & LEARY, M. The need to belong: The desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117(3), 497–529, 1995

BÉNABOU, R. & TIROLE, J. Self-Confidence and Personal Motivation. Quarterly Journal of Economics 117(3):871-915, February 2002

CARMO, M. E. & GUIZARDI, F. The concept of vulnerability and its meanings for public health and social assistance policies. Journal Saúde Pública, vol.34, n.3, Mar 26, 2018

CASTRO, M. & ABRAMOVAY, M. Youth in poverty, social vulnerabilities and violence. Cadernos de Pesquisa, n. 116, p. 143-176, July 2002

COPLAN, Robert et al. Social Withdrawal in Childhood. Annual Review of Psychology, vol. 60:141-171, 10 January 2009

DEL PRETTE, Z. et al. The psychology of interpersonal relationships. Vozes, 2005;

Oliveira & Saldanha, The prospects for the future of students from public and private schools, 2010.

DIAS, C. & SILVA, C. Bandura's theory of social learning in the formation of conversational skills. Psychology, Health & Diseases, vol.20 no.1, Lisbon, Mar. 2019

EMMONS, R. & McCullough, M. The psychology of gratitude. New York, NY, US, 2004

FRANZESE, C. et al. Reflections for Ibero-America: Evaluation of Social Programs. ENAP, 2009

FUNDAÇÃO JOÃO PINHEIRO. The housing deficit in Brazil 2015. Statistics and Information Directorate. B. Horizonte, 2018. At: http://www.fjp.mg.gov.br/index.php/produtos-e-servicos1/2742-deficit-habitacionalno-brasil-3.

TAJFEL Henri & TURNER John, "The social identity theory of intergroup behaviour." In S. Worchel & W. G. Austin (eds.), Psychology of intergroup relations. Chicago, IL: Nelson-Hall, 1986, pp. 7–24.

IBGE. Synthesis of social indicators: An analysis of the living conditions of the Brazilian population. Coordination of Population and Social Indicators. Rio de Janeiro, 2018.

IBGE. Continuous National Household Sample Survey. Rio de Janeiro: 2016. At: https://bit.ly/324mMvU

IPEA. Agenda 2030 - National Goals. Rio de Janeiro, 2018. At: http://www.ipea.gov.br/portal/images/stories/PDFs/livros/livros/180801_ods_metas_nac_dos_obj_de_desenv_susten

IPEA. "SDG Notebooks" Sustainable Development Goal 3. Brasilia, 2019. At: http://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=35004&Itemid=444

IPEA. Labour Market, 2019. At: http://www.ipea.gov.br/

ITS BRASIL. Debate Notebook – Social Technology in Brazil. S. Paulo, 2004

KAUFMANN, Jean-Claude. The comprehensive interview: A guide for field research. Petrópolis, RJ: Vozes, 2013

KELLOGG FOUNDATION. Evaluation Handbook. Jan. 2010. At: https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook

LANE, S. T. What is Social Psychology? Sao Paulo, Brasiliense, Col. Primeiros Passos, 1981

LAZARUS, R. & FOLKMAN, S. Psychological Stress and the Coping Process, The Handbook of Stress and Health: A Guide to Research and Practice. Ed.Cooper and Quick. New York, 2017

LYRA, Maria C. Development of a historically constructed system of relationships: Contributions of communication in early life. Psychology: Reflection and Criticism, v. 13, n. 2, 2000. p. 255

MONTEIRO, S. The conceptual framework of social vulnerability. Debate Society, Pelotas, 17(2): 29-40, July-Dec/2011

NEIVA SILVA, L. Future expectations of homeless adolescents: A self-photographic study (Master's Dissertation). Porto Alegre, RS, 2003

OLIVEIRA, I.& SALDANHA, A. Comparative study of the future prospects of public and private school students. Paideia, Jan.-Apr. 2010, Vol. 20, No. 45, 47-55

PAULILO, M.A.; JEOLÁS, L.S. Youth, drugs, risk and vulnerability: Theoretical approaches. Social Work in Review, Londrina, v. 3, n. 1, 39-60, July/Dec. 2000.

UNDP. 2014 Human Development Report. At: http://hdr.undp.org/sites/default/files/hdr2014_pt_web.pdf

PRATES, L. A et al. Using the focus group technique: A study with Quilombola women. Public Health Notebook, Rio de Janeiro, 31(12):2483-2492, Dec. 2015

PREFEITURA DO RIO DE JANEIRO. Favelas in the city of Rio de Janeiro: A snapshot of the population based on the 2010 Census. IPP, 2012

ROGERS, C. On Personal Power: Inner Strength and its Revolutionary Impact, New York, Delta Books, 1977

RYFF, C. D. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57(6), 1989, 1069-1081.

TAJFEL, H. Human groups and social categories, Cambridge University Press, 1981

UNICEF. Poverty in Childhood and Adolescence, Brasilia 2018. At: https://www.unicef.org/brazil/media/156/file Pobreza_na_Infancia_e_na_Adolescencia.pdf

7. ANNEXES

7.1 Survey Questions

1. What was your life like before you participated in the program? What was good and what was bad? What problems or difficulties did you face? What gave you joy and satisfaction? What made you sad or worried?
2. What is your life, and your family's life, like today (health, housing, work, education, relationship with family and neighbours, personal satisfaction, concerns, goals)?
3. How have you changed? How have your relationships with your husband, children, relatives and neighbours changed?
4. Looking to the future, what are your life goals? What do you want to achieve for yourself and your family?

7.2 Sample Profile

7.2.1 Focus Group

The sample was made up of 30 women who were responsible for their families when participating in the FAP, and who graduated from the program between October 1, 2015 and December 31, 2018. Their ages ranged from 23 and 52 years old, and they came from different municipalities in the state of Rio de Janeiro. All had families with 1 to 4 children. Their education levels ranged from illiterate to high school graduates.

Participant	Neighbourhood	Age	Number of children	Occupation	FAP completion	Education
Vi	Duque de Caxias - Baixada Fluminense	30	2		03/08/2017	Elementary school not completed
Li	Duque de Caxias - Baixada Fluminense	34	4	Manicurist and hairdresser	07/12/2017	High school diploma
Is	Belford Roxo - Baixada Fluminense	25	1	Manicurist and hairdresser	29/09/2017	High school not completed
Va	Rio de Janeiro - North Zone	48	3	Fruit salad and parfaits salesperson	24/07/2017	Elementary school
Cl	Rio de Janeiro – North Zone	47	3	Laundry and cookie baking	09/11/2017	Elementary school not completed
AP	Rio de Janeiro – West Zone	49	1		10/05/2017	High school diploma
Da	Rio de Janeiro - North Zone	39	3	Manicurist and hairdresser	21/05/2018	Middle school not completed
So	Duque de Caxias - Baixada Fluminense	49	2	Cleaning lady	31/01/2018	Elementary school not completed
El	Nova Iguaçu	41	3	Cook	17/05/2017	High school diploma
Fe	Nova Iguaçu	33	2	Hairdresser	21/02/2018	High school not completed
Jan	Nova Iguaçu	33	1	Hairdresser	02/05/2017	High school not completed
Jul	Vila Cruzeiro	34	3		15/12/2016	High school
Mic	Guaratiba	28	2	Hairdresser	11/09/2017	Middle school not completed
Fla	Penha	39	2		24/04/2016	Middle school not completed
Mir	Duque de Caxias	23	2		09/08/2016	Middle school not completed
Mim	Nova Iguaçu	23	2	Production assistant	08/03/2018	Elementary school not completed
Ma	Governor's Island	46	3		16/07/2018	Illiterate
Adri	Nova Iguaçu	28	1	Manicurist	09/12/2018	Middle school completed

7.2.1 Individual Interviews

Name	Neighbourhood	Age	Nº children	Job at graduation	Graduation year	Education
Ros	Rocinha	36	1	Cook, selling cakes and snacks	10/05/2017	Middle School not completed
Fa	Belford Roxo	39	2	Manicurist	07/06/2017	High school not completed
AnP	Nova Iguaçu	35	3	Security guard	19/10/2015	High school diplomat
Gra	Duque de Caxias	36	3	Hairdresser	29/03/2017	Teachers' college
Zi	Cosme Velho	52	4	Hairdresser	20/02/2017	Supplementary
Au	Pavuna	39	2	Cook	27/07/2018	High school not completed
Sol	Santo Cristo	39	1	Cook	27/11/2017	Elementary school completed
Ela	Manguinhos	37	3		09/08/2017	Elementary school
Ena	Queimados	31	1	Cook	19/07/2018	High school diploma
Ge	Taquara	29	3	Cook	13/08/2018	High school not completed
Isa	Nova Iguaçu	23	1		09/03/2018	High school not completed
Mar	Manguinhos / Vila do João	47	3		08/06/2018	Middle school completed

7.3 Sampling Process

The sample was carried out in two stages as follows:

1.First list

1.All graduates from the Dara Institute were randomly listed from 01/01/2017 to 07/31/2018. The total was 116 families.

2.Those on the list were contacted by telephone. We were able to get in touch with 35 primary providers, a total of 20 primary providers (women) who attended an individual or focus group interview.

3.In order to reach a sample of 30 participants, this was expanded.

2.Second list

1.Families that graduated from the program in the periods from 10/01/2015 to 12/31/2016 and 8/1/2018 to 12/31/2018 were randomly listed. In total it was 285 families. Attempts were made to contact the families by telephone until the desired total was reached. Contact was made with 23 primary providers, 11 of whom attended an individual or focus group interview.

2.After reaching the goal of 30 participants, attempts to contact others on the list ceased.

INSTITUTE DARA
Health and Human Development

Sponsors and partners:

RUA DAS PALMEIRAS, 65 – BOTAFOGO – RIO DE JANEIRO – RJ – BRASIL
CEP 22270-070
TELEFONE: +55 21 22869988
CNPJ 40.358.848/0001-01

DARA.ORG.BR