The Evolution of Child Rights Councils in Brazil

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If it is true that a child rights framework alters our views and actions towards improving children's lives, it is also true that the breadth of the concept makes concrete implementation difficult. In this paper the expansiveness of the concept is addressed by focusing attention on a community-based model of child-care derived from the Child Rights Legislation in Brazil. Departing from a general view of the child related policies in Brazil, the child rights monitoring system currently in place in that country is described. The potential contribution of this structure to child well-being is considered, taking account of the given that fact the system is still scaling up. It is recommended that key aspects of the structure be systematically evaluated to place it on the most secure operational platform in Brazil. Such an effort will advance the generalizability of the Brazilian experience to other countries and guide applications of this model particularly in democratically developing societies.

Brazil, children and social policy

As a country, Brazil is surpassed in measures of income inequality (GINI coefficient) only by Sierra Leone, Central African Republic and Swaziland. In 2005, the Human Development Index (HDI) – a composite of longevity, education and income information - Brazil was 0.79, placing it at 65th in the world, behind other Latin American countries such as Costa Rica or Panama (World Bank, 2005). Important internal regional differences exist: while a HDI of 0.80 in 2001 would rank the South and Southeast regions of Brazil at 50th in the world, the Northeast, with a 0.67 figure, would be rated 112th. Even in areas where progress has lately been made in Brazil, such as infant mortality, in which about a 20% relative decrease has been observed each 5 years since the 80s, the contrast between the rate found in the Northeast (44.2) and in the South (19.7) regions is still striking. Racial inequality is another important issue: Brazilian Whites would be ranked 46th (HDI of 0.81) and Blacks 105th (HDI 0.7) (United Nations Developmental Program, 2003)

Besides regional and racial disparities, there are also age disparities with children being disproportionately affected by poverty. About 30% of the total Brazilian population is younger than 15 years, and 45% of those living below extreme poverty (less than $61 per capita) are in this age group. And the situation is even worse for those who are younger: almost 40% of 5 year olds live with less than $61 per year, compared with 25% in the general population (Neri, 2001).

Despite the negative numbers, significant changes have been happening in Brazil in the last decades. Popular participation has been increasing in a number of areas, after the 20 years spent under dictatorship. The 1988 Federal Brazilian Constitution was drafted by groups determined to develop and solidify democracy in the country. Decentralization of government decisions, actions and control through popular participation was a major objective and one avenue for this decentralization was the creation of the Municipal Participatory Administrative Councils. Municipal councils are fully implemented and operative in social areas as central as Health (98.5% of the municipalities) and Education

(91.0%) (IBAM, 2001), and extensive to areas such as tourism, budget and others. The mean number of Municipal Participatory Administrative Councils in the country is 4.88 per municipality.

It is in a context characterized on the one hand by lack of resources and great social inequality and, on the other hand by a pervasive structure of popular participation that strategies aiming to address children's conditions have to be considered. In the health area, the remarkable achievements related to AIDS treatment are a good example of the striking impact that social participation can have. The AIDS movement is considered a result of a long-term "large social movement fighting for the democratization of the country via both its political systems and its social practices" (Abadía-Barrero, 2003).

Currently, the most substantial strategy from the Brazilian federal government to tackle children's needs involves income redistribution schemes based on behavior incentive programs. These programs are directed to a well-defined population (e.g., households with monetary income per capita below $30 per month), conditional on some behavior on their part, such as school attendance. Similar strategies are in place aimed at child labor and nutrition.

It has become clear that a major problem is the lack of coordination among different programs. Since the lack of opportunities for a child is almost never restricted to only one area, the government is trying to coordinate a number of programs for children and youth. One attempt involved intensive management of social programs by a coordinating agency, which had the responsibility of mapping and making social programs known to the population. Recently, four social programs, including the child education, nutrition and labor programs were unified. The new program, Bolsa-Família (Family-Stipend), by defining as a minimum benefit of approximately 17 dollars per family, almost double the average of $8 dollars provided to each family by the education program (Bolsa-Escola), which used to be the largest federal social program. One can expect that this change might have a significant impact, as the low amount of cash transferred to families could explain the ineffectiveness of the Bolsa-Escola program in terms of poverty and inequality reduction in Brazil (Bourguignon, Ferreira, & Leite, 2002).

Implementing child rights perspective into services can be thought of as the next step in terms of integration and improvement of child-related programs and ultimately of the situation of children in Brazil. Adopting a child rights perspective transforms a disadvantaged population of children for whom money should be provided into a population of citizens whose current and future rights should be respected.

This paper proceeds by describing the actual child rights mechanism reflected in the constitutional framework that began in Brazil over 15 years ago (Rizzini, Barker, & Cassaniga, 2002). This structure was created by a combination of popular mobilization and comprehensive legislation and aims to establish a potentially powerful child service care structure, which can, like widespread capillary vessels, reach and function at the community level. Some might argue that the provision of services turns attention away from rights and turns people into clients who can't then act on their own behalf. Perhaps another way to think about this is that by providing services in ways that recognize rights, you help people to learn to act on their own behalf, both to get the services they need and to reorder their lives so they can provide more for themselves. As for the councils, all

democracies need ways for citizens and organizations acting on their behalf to influence legislation and its implementation to better recognize their rights and needs and to act on behalf of the average citizen rather than the interests of the powerful.

The Brazilian Child and Adolescent Rights Act (ECA)

The child rights movement in Brazil emerged as a response to one of the most severe social problems in the country, children who survived by hustling on the streets (Rizzini, 2002). An initial reaction to this situation was lead by the National Movement of Street Boys and Girls (MNMMR, Movimento Nacional de Meninos e Meninas de Rua). This organization, created in 1985, is still active today with more than 5,000 children from all over the country as members (MNMMR, 2003). Following the Movement's early success, a lot has been achieved in terms of putting children on the 'official agenda'.

Just one year after the almost universal ratification of the 1989 United Nations Convention on the Rights of the Child, the Brazilian Child and Adolescent Rights Act (ECA, the Brazilian acronym) (ECA, 1990) was promulgated. In the progressive Brazilian Federal Constitution of 1988, as a result of child advocacy group pressure, strong emphasis was given to child rights (Article 227), thereby paving the way for the elaboration of the ECA Act (Bill No. 8069/1990).

Closely following the main principles outlined in the United Nations Convention of the Rights of the Child (ECA, 1990), the ECA Act represented a profound modification in the way children and adolescents were considered by Brazilian legislation (Rizzini, 2002). First of all, the ECA addresses all Brazilians younger than 21 years, in contrast to the prior legislation (Código de Menores, enacted in 1927) which only covered those children who had broken the law. The central aspect of ECA is the recognition of children as citizens, with their own interests, who should be treated as agents in society and not as passive recipients of philanthropic actions. This principle does not imply disregarding the particular condition of children and adolescents as people who are developing; however it does require that priority be given to the protection of their rights. Another highly relevant aspect of this principle is that this protection should be comprehensive, that is, involve different aspects of children's lives, such as the "right to life, health, nutrition, education, leisure, job training, be respected, freedom, live with a family and in a community, not being neglected, discriminated against, exploited, or a victim of violence, cruelty or oppression" (ECA, 1990). The accomplishment of these goals requires more than social assistance or special protection measures; it also requires basic social policies matching children's general needs and capacities.

The fact that this legislation, currently acknowledged as one of the most advanced in the world, was enacted in a society well-known for its numerous examples of violations of child rights, is a clear indication of the many deep contradictions that characterize Brazil.

An integrative approach based on child rights, making a priority of those children most likely to be excluded is necessary but not enough. An effective strategy for implementation is also required. If the ECA can actually promote social change, instead of just maintaining the status quo, this will be reflected through the operational mechanism that it puts in place. The ECA determines that children's rights will be guaranteed through the activities of municipal Administrative Councils.

The Councils related to Child Rights

The ECA Act tries to go beyond the declaration of child rights and actually determines the means to facilitate the implementation of these rights. It mandates that every one of the approximately 5,700 Brazilian municipalities should have <u>two</u> Municipal Child Councils: a <u>Child Rights Council</u> (Constitution, Articles 204, 227; and ECA Article 88) and a <u>Child Guardianship Council</u> (Articles 131 – 140; 13, 98, 105, 101, 129, 96, 90, 191, 194). These are two clearly different mechanisms, as described below. In addition, each State should have one State Child Rights Council. The Councils are, at the Federal Level, part of the CONANDA (National Council of Children and Adolescents), in the National Secretary of Human Rights. Once part of the Ministry of Justice, beginning in 2002, the National Secretary of Human Rights reports directly to the Office of the Presidency.

The Child Rights Council (**CR**) has the responsibility for addressing child and adolescent rights at the macro, collective level. It was instituted by federal law but has to be implemented by municipal ordinances. A mixed body, it includes appointed government members and elected, unpaid community representatives. The objective is to have varied representation, although social welfare and education representatives usually prevail (Blanes, Carvalho, & Barreira, 1995). It is responsible for determining the municipal child rights policies, training Child Guardianship counselors, and supervising the Child Fund.

The ECA Act created the National Fund for Child and Adolescent Rights and determined that corresponding municipal funds should also be created. The money for this fund, administered by the CRs, comes from the federal government and tax donations (business companies can donate up to 1% of their taxes and individuals up to 6%).

The Child Guardianship Council (**GC**), different from the Child Rights Council, was officially created by the ECA Act and it does not have to be implemented by the municipal ordinance. The role of municipalities is only to establish rules guiding the GC's functioning and elective process. The executive arm of the GC is composed of 5 community members elected by the population for three terms. The mandated distribution is at least one GC per municipality (1: 200,000 inhabitants is suggested). Compensation for counselors is optional by law, but recommended. Money comes from the Child Fund and is administered by municipalities.

The role of the GCs is to ensure that children in need or at risk receive the best possible assistance. Therefore, the GCs should respond to a wide range of situations (e.g., child abuse, school drop-out, inadequate health care, legal issues, etc). It should be clarified that the GCs are not responsible for actually providing the needed service; their task is to make referrals and guarantee that children actually get the needed intervention. They also have the power to require any services or actions, therefore helping to make children's rights a reality. Anyone, including children themselves, families, teachers, social workers, policemen or other officials, may ask GCs to intervene; once a child service is required by a GC, it should be considered a priority.

The GC was designed to be a mediator, a bridge between the community and the local executive or legislative levels. Among all the Participatory Administrative Councils existent in other areas in Brazil, the GCs are the body for which the highest level of authority is delegated by the federal government (Konzen, 2000).

Brazil needs to develop appropriate and viable strategies to tackle the complexities related to children needs, with particular consideration given to the special conditions of a developing country. A recent project mapping the formal and informal system of care for children in two "favelas" in Rio de Janeiro demonstrated the central role of all types of informal supports (CESPI/USU - Center for Research on Childhood & Instituto PROMUNDO, 2001). The GCs, if they live up to the spirit of the legislation, are likely to be a mix of formal and informal components.

Implementation and Activity of the Councils Related to Child Rights

Despite the mandates contained in the law, the degree to which the councils related to child rights, particularly how the GCs are operating or how they are functioning is still not well understood. Are they seen as community resources or merely as bureaucratic agencies? Are counselors, families and children acknowledging the participatory and broad nature of the councils or are they mainly functioning as a police force?

While there are large gaps in knowledge, at least three sources of information about the councils proved useful in the analysis presented in this paper. In 1998, a Brazilian agency dedicated to research on municipalities (Instituto Brasileiro de Administração Municipal - IBAM [Brazilian Institute of Municipal Administration]) published a survey examining the level of implementation and institutionalization of the CRs and GCs in Brazil in 1997 (IBAM, 1998). Questionnaires were sent out to all Child Rights Councils (CRs and GCs) in February 1998. If more than one GC existed in a municipality, only information about the oldest GC was recorded. Another source of information is the IBGE Survey of the Brazilian Municipalities. Since 1999, the Brazilian Census Bureau (IBGE) has been conducting a standardized evaluation of the situation of Brazilian municipalities. This evaluation included questions about the existence and functioning of the Child Rights and Guardianship Councils. A third source of information is provided by the National Council of Children and Adolescents (here referred as the CONANDA dataset), with information beginning in 2004. In comparison to the previously mentioned data sources, which only contained information about the number of municipalities with at least one GC, the CONANDA information includes the number of GCs per state. Although the CONANDA information cannot be compared with the previous datasets about the GCs for this reason, it does allow us to examine how closely the distribution of GCs approximates its target of 1 for each 200,000 people. Despite the differences between the CONANDA data and the IBAM survey, these two data sets are more comparable than the other data sets so they are the preferred source of data about changes over time.

In 1997, 53.2% of the 4,976 Brazilian municipalities had one CR and 26.8% (1,936) had at least one GC (IBAM, 1998). According to the Brazilian Census Bureau, the percentage of CRs increased to 81.0% by 2001 (Instituto Brasileiro de Geografia e Estatistica - IBGE, 2002), an estimate which is confirmed by data from CONANDA in 2004. These sources show a substantial increase in the number of municipalities having a CR.

Examining the distribution of the CRs in the 5 regions of Brazil (Table 1), regional disparities exist, especially in the 1997 assessment. More municipalities in the wealthy South and Southeast have CRs compared to the poorer North and the Northeast regions. Nevertheless, these disparities decrease over time as the proportion of municipalities with CRs in the North region more than doubled, from 33% to 78%.

It is harder to interpret time trends related to GCs as the type of information obtained in 1997 (number of municipalities per state with at least one GC) is different from the type of information obtained in 2004. Despite the higher level of legislative complexity involved in the implementation of CRs, the logistic requirements involved in the creation of GCs (such as payment for counselors, space availability, etc) might explain the fact that CRs are more common than GCs. Although CRs are important, the imbalance is unsatisfactory because the GCs are indispensable for establishing relationships between children and key resources in the community. In 1997, the regional disparities observed in the distribution of CRs were mirrored by the distribution of GCs. Analysis of the most recent data from CONANDA reveals new issues. The North and Northeast regions still have fewer councils than the minimum required (1 GC per 200,000 people); the Southeast region has become an underserved area. This probably reflects increasing population density in this region, a factor that should be responded to by policy makers.

In summary, there has been an increase in the number of councils in particularly underserved regions but important disparities still exist. These disparities are particularly challenging given that the main purpose of this service structure is to guarantee the inclusion of those children who have traditionally been excluded from other forms of participation and care.

Table 1 – Percentage of Municipalities with a Child Rights (CR) by Country Region in 1997 (IBAM) and 2004 (CONANDA). Percentage of Guardianship Councils (GC) in 1997 and Mean Rate (R) of GCs per 100,000 People in 2004 by Country Region

	CRs 1997		2004		GCs 1997		2004		
Regions	N	%*	N	%*	N	%*	N	R	SD
North	118	33.4	362	78	71	22.2	242	1.87	0.16
Northeast	520	35.6	1123	65.4	119	8.0	908	1.89	0.18
Central-West	159	48.3	399	71.4	124	41.5	383	3.28	0.21
Southeast	707	61.0	1342	87.4	313	26.0	1184	1.63	0.24
South	811	76.2	1093	91.8	637	60.2	1102	4.38	0.14
Total	2315	53.2	4319	80.1	1264	26.8	3819	2.73	1.45

* Percentages weighted by total state population (PNAD 1996 was used for the 1997 information and Census 2000 for the 2004 information).

The IBAM Survey (IBAM, 1998) also included more specific information about the functioning of the child councils. CRs had more women members than men (exceptions are the Central West and North regions). The number of meetings held per month varied from one to six and these were administered by a municipal secretary (exceptions are the Central West and Southeast regions, where they are directly linked to the mayor's office). Almost 60% of the CRs reported having an office and 29% a fax. Half of the CR counselors said they had received some type of training. In a few situations, when GCs were not available in a municipality, some of their responsibilities were performed by the CRs.

In the case of the GCs, almost 70% of the counselors were elected by direct vote, although in some situations where voting did not take place the mayor simply appointed counselors. Women constituted the majority of members, except in the North region; 82% of the GCs had an office, 67% a telephone line and 43% had a vehicle. Only 42% of the GCs claimed to have received technical support. Regional differences were observed in the payment of the counselors. In the North and Northeast regions counselors were paid less then half the minimum wage in a significant proportion of the municipalities. Seventy percent of the counselors had received training, most of them in the last six months. Neighbors, schools or anonymous sources refer most cases to the GCs, and usually they involved children at psychosocial risk. Violation of basic child rights such as health and education were not frequently brought to the attention of the GCs. This information suggests that the GCs may not be fully exercising their functions.

In addition to these efforts to understand the establishment of councils, other efforts have been made to improve the work of the Councils. For example, in 2001 national guidelines were published to regulate the ways in which the Councils operate (CONANDA, 2001). Also, an electronic registry of information about the activities of the GCs is being set up (SIPIA – Information System for Childhood and Adolescence). Since 1999, scattered information from GCs in about 10 states has been sent to the system, with a total of about 143,690 visits recorded up to November 2004. While these records are not a representative sample of all the GCs, it is clear that certain matters, such as health related violations of children's rights, are not frequently mentioned.

The Brazilian federal government seems to be particularly interested in investing in the rights councils. In July 2003, it launched a national campaign, *Media and Councils: Strategic alliance for giving absolute priority to child and adolescent rights*. This campaign, advertising the GCs on television, radios and in newspapers, aimed to make the general population aware of the implementation of child rights legislation and utilization of the GCs. This media campaign was based on two vignettes: in the first one, Renata, a girl in her early teens, was sexually abused by an employer. Taken by her father to the GC, she was referred to a service for abused children and to a counselor. In the second example, Ricardo, a black child, had to quit school to work because his mother had lost her job. The school principal made the local GC aware of the situation, Ricardo's mother was informed about government social policies chould make use of, and Ricardo went back to school.

In April 2004, CONANDA, in partnership with a private business company (Instituto Telemig Celular) launched a series of projects aimed at understanding and strengthening the level of implementation of child rights councils across the country. Actions include systematic assessment to determine the existence and key components of councils and their key components in every municipality. The components include access to an electronic information system (SIPIA) and the Child and Adolescent Fund and the training of counselors. Where a Child Fund is not available, the project seeks to create one.

Understanding the impact of a child rights care structure on child well-being

What have we learned so far?

The ECA policy, as operationalized by the CRs and GCs has a high potential for transforming the lives of children. The strong community grounding is particularly promising for addressing a population at high risk for multiple negative outcomes (Earls & Carlson, 1996). A multi-faceted community based strategy is probably a highly effective way of helping children who are denied access to appropriate health care, education, proper nutrition or a safe place to live. If effective help can reach this marginalized population, it has a great chance of decreasing social inequality.

The empirical data currently does not exist to show the extent to which this child care structure, based on a Child Rights perspective, has actually reached the most vulnerable child populations in Brazil. Some insight can be gained by examining the correlation between implementation of child rights councils and state level socioeconomic indicators. Contrary to what would be expected based on the aims of the councils, the number of CRs and GCs is positively associated with better socioeconomic conditions. When the 27 Brazilian states are considered, the percentages of municipalities with a CR or GC correlates positively with GDP per capita and HDI and negatively with inequality as measured by the GINI index and proportions living below the poverty line. The negative associations extend to the rates of illiteracy, child mortality and child labor. The magnitude of these correlations is substantial: ranging from 0.32 to 0.58. In addition, the magnitude of the correlations between the percentage of municipalities with a council and socioeconomic indicators in 1997 was very similar to those identified in 2004. These correlations suggest that it is easier to establish councils in more advantaged states and that the most disadvantaged children, living in poorer states are comparatively underserved by the councils.

At this point the meaning of these correlations is not clear. Conceivably, they could represent the consequences of the successful, but interim, implementation of this national child rights structure. They more likely represent another example of the unequal distribution of resources that sharply characterizes Brazilian society, according to which those living in better conditions have more and sometimes exclusive access to any new improvements. Even universal interventions, such as vaccination campaigns, can take a long time to reach those who are most in need (Victora et al., 2003). More in depth analysis examining these and other relevant factors over time at the municipal level is needed if we want to draw more relevant and solid conclusions about the impact of a child rights structure on the lives of children.

What is the next step?

The implementation of the Child Rights Council structure has certainly encountered obstacles, although the extent and nature of these impediments have yet to be systematically evaluated. It is also not known how legitimate the councils are; are they too frequently staffed, for example, by relatives of those who already have municipal political power or are they truly representative of local populations? Does the population view the child councils and counselors as a repressive force or a community resource? Answers to these and other policy relevant questions are of key importance to determine

to what extent the child rights councils structure in place is the structure that was mandated by law 15 years ago.

There exists little understanding of the impact of the councils on the lives of children, their parents and their communities. Regrettably, there has not been a tradition among the designers and implementers of social policy to prospectively track and evaluate the impact of their programs. Whether due to initial funding constraints or prohibitive logistical complexities, the absence of monitoring and quality assurance ultimately places the continuation of such programs at risk. The level of planning and resources necessary for evaluating large-scale programs, the short life and particular political motivation involved in many social programs might to some extent explain the absence of systematic and widespread assessment efforts. Among groups with an interest in discrediting and/or dismantling social programs, a commonly cited criticism is the inability of these programs to provide any evidence of benefit, or, even proof that they are not exacerbating the problems they intended to address. For example, sectors of Brazilian society have criticized the ECA, alleging it to be a mechanism designed to protect adolescent criminals. There have even been incidents where the ECA has been blamed for the escalation of violence in the country. Often the vacuum of information renders evaluation efforts as an all-or-nothing, partisan activity directed solely at generating a case for or against a program, rather than a process of gathering information capable of revealing an unbiased assessment of effectiveness, targeting specific areas of greater need, and facilitating more directed and efficient use of resources.

Given the need to respond to this type of criticism and to understand and assess the impact of the councils on the ground, a considerable effort is needed to produce careful evaluations of these programs. Ideally, strategies for evaluating large-scale social programs would be designed in the planning phase of a program, prior to implementation. In reality, things rarely happen this way as the heated social climate usually necessary for substantial social actions to occur, often does not encourage careful analyses necessary for rigorous evaluation research.

Exceptions to this rule do exist, even in developing countries. A highly informative example is currently in place in Mexico is the *Progresa* program. Progresa is a governmental program targeted towards children from marginalized areas. The program provides families monetary benefits conditional to their participation in education, health and nutrition programs. Between 1997 and 1999, 2.6 million Mexican families (11% of the total population) were enrolled, involving a budget equivalent to 0.2% of the country's GDP. An additional 2 million families were added between 2001 and 2003 (Gertler, Woolard, & Barungi, 2005). Of particular interest is that a formal evaluation of the program has been conducted (Coady & Skoufias, 2000), yielding positive results regarding improvement in community life in general (Adato, 2000), as well as in children's health. The number of reported illnesses decreased by 25% and anemia by 13% (Gertler, 2003). However, no improvements in cognitive development or school enrollment were observed. The Mexican program differs from many other programs, such as the Bolsa-Escola or Family Health in Brazil, because of its comprehensiveness as well as the existence of a formal evaluation component.

Why would the Brazilian experience be valuable to the rest of the world?

From a broader, theoretical perspective, the child rights structure in place in Brazil is of great relevance for those interested in understanding how and to what extent a mechanism derived from a Child Rights perspective could improve the inclusion of marginalized groups of children living in unfavorable conditions as it promotes access to community life and care (Earls & Carlson, 2001). Answers to these questions might well be useful to other developing countries struggling with similar issues.

Indeed, in at least one other country in Latin America, Peru, an initiative based on similar ingredients is in place. The Peruvian DEMUNAS (Municipal Defense Offices for Children and Adolescents) were set up in 1993 by Save the Children Sweden. The program, inspired by the UN Convention of Child Rights is grounded in a Peruvian traditional indigenous administrative organization. Since 1997, the DEMUNAS were further reinforced as new national legislation made municipalities responsible for the protection of children and adolescents and the DEMUNAS, considered as conflict mediation centers, were recognized as a legitimate alternative to the judicial system. Placed in churches, police stations or community organizations, the DEMUNAS have been increasingly used by the population. In 2000, about 34,000 cases were processed. Most cases relate to family conflicts such as alimony (45%) or family violence (11%). These cases are dealt with in the DEMUNAS by trained mediators, who are frequently law students. The DEMUNAS have regional coordinating centers, the COMUDENAS, which are responsible for the broader issues of child protection and development (Llosa, 2001).

A child rights structure, once fully implemented as delineated in the ECA, should be an extremely effective, large scale strategy in addressing children's needs holistically and across multiple sectors of society (e.g., health, education, community life, etc). It would be expected that children living in a city where the CR and GC(s) are highly active should improve their health and well-being over time, compared to children who do not benefit from a similar structure, other factors in their lives being similar. Given the original purpose of this Child Rights structure, it should also be expected that these improvements reach children who have been traditionally excluded from other forms of child care. Besides changes in the actual conditions of their lives, better recognition of children's rights should shift attitudes towards viewing children as citizens and agents in their local communities. In addition to these core elements, it would be important to understand which factors are associated with a sustained implementation of the Child Rights structure as well as factors that contribute to the integration of the GCs with other child agencies and other aspects of community life.

Answers to these questions have general and specific relevance. In the specific case of Brazil, the perspectives and findings reported in this paper should permit the formulation, refinement and sustainability of targeted interventions by the CRs and GCs; interventions which will create greater inclusiveness and higher levels of child well-being. From a more general perspective, the systematic investigation of councils will shed light on the extent to which a community-based child rights approach is likely to be applicable to other societies. It is our belief that the Brazilian experience constitutes an effective strategy to handle the major legal, educational and health problems of childhood in less developed countries. More empirical information is necessary about the current councils

to permit supporting, refining, and spreading this strategy. The fact that some sources of evidence were found and proved useful in raising questions is encouraging.

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