

## Forum Practical Perspectives: Special Section COVID-19

# Street-level bureaucracy in the pandemic: the perception of frontline social workers on policy implementation

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The COVID-19 pandemic highlighted the strategic role of social care policy to minimize the effects of this health crisis and its consequences on the poorest and most vulnerable population. This article analyzes the perception of street-level bureaucrats in the Brazilian social care network on how the pandemic has affected their performance and professional routine. The research was based on a survey, consultations with representatives of municipal social care services, and analysis of government regulations. The results show that social workers feel unprotected and unable to provide adequate responses to the pandemic's increasing and urgent demands, revealing a lack of institutional support to act appropriately. The professionals also reported substantial changes in their working dynamics, particularly in their relationship with the attended population, one of the main pillars of the Brazilian social care network. These elements directly affect the provision of social care services and their potential to combat the adverse effects of the crisis.

**Keywords:** COVID-19; pandemic; social care policy; street-level bureaucrats.

### O nível de rua na pandemia: a percepção de profissionais da linha de frente da assistência social sobre a implementação de políticas

A pandemia da COVID-19 ressaltou o papel estratégico da política de assistência social para minimizar os efeitos desta crise de saúde e de suas consequências sobre a população mais pobre e vulnerável. A partir desse entendimento, este artigo analisa a percepção de burocratas de nível de rua da rede socioassistencial brasileira sobre como a pandemia tem afetado sua atuação e seu cotidiano profissional. Com base em um survey, em consultas com representantes de serviços socioassistenciais municipais e em regulações governamentais, a pesquisa identificou que, na pandemia, esses trabalhadores se sentem desprotegidos e pouco capazes de dar respostas adequadas às demandas cada vez maiores e urgentes, além de relatarem mudanças substanciais nas suas dinâmicas de trabalho, incluindo um dos seus principais pilares de atuação, o vínculo estabelecido com os usuários dos serviços. Simultaneamente, sentem falta de apoio institucional para atuar com segurança. Esses elementos afetam diretamente a prestação dos serviços socioassistenciais e seu potencial de combater os efeitos adversos da crise.

**Palavras-chave:** COVID-19; pandemia; política de assistência social; burocratas de nível de rua.

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## El nivel de calle en la pandemia: la percepción de los trabajadores de la primera línea de la asistencia social sobre la implementación de políticas

La pandemia de COVID-19 destacó el papel estratégico de la política de atención social para minimizar los efectos de esta crisis de salud y de sus consecuencias en la población más pobre y vulnerable. A partir de este entendimiento, este artículo analiza la percepción de los burócratas a nivel de calle en la red de atención social brasileña en relación a cómo la pandemia ha afectado su desempeño y su rutina profesional. Con base en una encuesta, en consultas con representantes de los servicios municipales de atención social y regulaciones gubernamentales, la investigación ha identificado que, en la pandemia, estos trabajadores se sienten desprotegidos e incapaces de dar respuestas adecuadas a las crecientes y urgentes demandas, además de reportar cambios sustanciales en su dinámica de trabajo, incluyendo uno de sus principales pilares de actuación, el vínculo establecido con los usuarios del servicio. Al mismo tiempo, carecen de apoyo institucional para actuar con seguridad. Estos elementos afectan directamente la prestación de servicios de atención social y su potencial para combatir los efectos adversos de la crisis.

**Palabras clave:** COVID-19; pandemia; política de asistencia social; burócratas de la calle.

### 1. INTRODUCTION

The COVID-19 pandemic has spawned a global public health crisis unprecedented in recent history. In response, several countries have been developing public policies to contain contagion, reduce the number of deaths and alleviate the social and economic problems resulting from this crisis. The implementation of these policies requires the involvement of frontline workers from varied areas, such as health, social care, education, public security, etc. These professionals, also called street-level bureaucrats, are central players in tackling the pandemic, since they are in direct contact with the population to deliver the necessary emergency services.

Despite these efforts, the consequences of the pandemic are expressive and heterogeneous, with devastating effects on people living in poorer and more densely populated urban areas, who are already exposed to greater social vulnerability (UN Habitat, 2020). This is also the profile of most families serviced by social policies

In Brazil, the COVID-19 emergency takes on more drastic contours. Firstly, because it coexists with political, economic and federative crises, which directly impact the action of the three tiers of government in combating the pandemic. Secondly, because the country remains one of the most unequal in the world, despite the advances of the last decades (Campello, Gentili, Rodrigues, & Hoewell, 2018). A significant portion of the Brazilian population still lives in a situation of socioeconomic vulnerability and with limited access to basic rights commonly mentioned in official recommendations for the prevention of coronavirus, such as adequate housing and access to the provision of water and health services. Preliminary data from the Brazilian Institute of Geography and Statistics (IBGE) indicate that, in 2019, there were more than 5 million households (7.8% of the national total) in subnormal agglomerates, where, in general, people with more precarious socioeconomic, sanitation and housing conditions reside (IBGE, 2020). Social isolation measures also hit the families of more than 38 million informal workers in the country, that is, 40% of the employed population<sup>1</sup>.

<sup>1</sup> Retrieved from <https://agenciabrasil.ebc.com.br/economia/noticia/2019-10/informalidade-no-mercado-de-trabalho-e-recorde-aponta-ibge>

In this context, Brazilian social care policies gain more relevance. Although actions and policies aiming to tackle the pandemic and the public debate are centered in the areas of health and economics, social care policy has significant potential to minimize the negative consequences of the crisis among the poorest, enabling economic and social measures consistent with this population segment. Notwithstanding, up until now, governmental responses to minimize the negative socioeconomic effects of the pandemic among the poorer population have lacked integration between levels of government and existing policies. Indeed, they have been diffused and disconnected with regards to the Unified Social Care System (SUAS, in Portuguese), amplifying the challenges related to the increasing demand for social care policies and to the recent dismantling and reduction of financing of SUAS.

This article, therefore, aims to understand the effects of the coronavirus pandemic in the professional routine of the street-level workers in the social care policy in Brazil and how this affects the delivery of the policy at the frontline. To achieve this, we focus on the perception of the street-level bureaucrats working in the social care area, analyzing data from an online survey carried out between April 15th and May 1st, 2020. The questionnaire was answered by 439 frontline professionals working with the provision of social care services in all Brazilian regions. The limitations imposed by the pandemic made it difficult to develop the research using a probabilistic design, that is the reason why the sample of respondents was structured for convenience, from voluntary responses to the questionnaire. Therefore, the findings of this research should not be generalized to all professionals working in social care in Brazil. Data collected by the survey were complemented by information collected in a virtual debate carried out on April 15th 2020 with social care workers in the city of São Paulo and in consultations with representatives of municipal governments and governmental regulations. Both materials aimed to analyze the working conditions of these bureaucrats, how the pandemic affected them and how these new conditions changed the way they deliver the services and interact with citizens. The research findings indicate that the pandemic has exacerbated pre-existing problems faced by street-level bureaucrats, such as scarce resources, uncertainties, lack of information and policy coordination, while simultaneously changing the way some of the services are provided, due to the need for social distance, negatively impacting the policy implementation and its effectiveness.

The paper is structured in three sections, in addition to this introduction and final remarks. Initially, we contextualize the article in theoretical terms, briefly presenting the debate on street-level bureaucracy in everyday life and in the pandemic. Secondly, we present the social care policy in Brazil, emphasizing how its trajectory relates to frontline workers. Finally, the results and analyzes of the research are presented.

## **2. STREET LEVEL BUREAUCRATS: FROM DAILY TO EMERGENCY UNCERTAINTIES**

Street-level bureaucrats (SLBs) or frontline workers are those involved in implementing policies that interact directly with citizens to deliver services (Lipsky, 2010). They have the responsibility to translate generic policies and norms into concrete actions (Dubois, 1999). Because they are on the frontline of the service, they usually act in contexts of scarce resources, lack of information and unpredictability related to citizens reactions during interactions (Brodkin, 2012). The conditions in which SLBs work, marked by ambiguities and uncertainties (Matland, 1995), opens space for these

workers to make varied decisions based on their discretion (Lotta & Santiago, 2017). High discretion in decision making allows us to consider these bureaucrats as policymakers, as they, indeed, define what the public policy will be (Brodkin, 2012; Lipsky, 2010).

While their position and work are critical, SLBs are central to both the State and society. For the State, their importance relates to both the (in)ability to deliver policies and achieve goals and to being the most visible face of the State, influencing the opinion that citizens have on public policies and government officials (Lipsky, 2010). For the society, these bureaucrats are relevant because they can allow or restrict access to services and rights (Lipsky, 2010; Pires, 2019); determine who receives what and how much (Oorshot, 2005); define eligibility, but also distribute benefits and sanctions (Lipsky, 2010). SLBs, therefore, have a high allocative power that can directly impact the well-being of the population and the way the State treats them (Dubois, 1999; Maynard-Moody & Musheno, 2003; Pires, 2019).

Even though the literature on SLBs has advanced in recent decades, most of these studies have analyzed the implementation of routine policies, in which frontline workers establish recognizable patterns of action and behavior. Few studies have advanced in understanding what happens to these bureaucrats when they need to act in emergency conditions, such as the current crisis caused by the COVID-19 pandemic, where there is an exacerbation of critical conditions, even greater scarcity of resources, lack of previous experience and learning and the urgent need for quicker answers (Henderson, 2014).

Currently, while the quantity of research analyzing the impacts of the pandemic in public policies has grown exponentially, few studies have focused on street-level bureaucrats (Dunlop, Ongaro, & Baker, 2020). What these exiguous investigations suggest is that the pandemic affects SLB working conditions by exacerbating structural problems. The crisis creates higher demands, lower resources and higher ambiguities that may, at the same time, open up space for more discretion or jeopardize their capacity of making decisions (Alcadipani, Cabral, Fernandes, & Lotta, 2020). As proposed by Dunlop et al. (2020), for the SLBs, marshalling insufficient resources means exercising discretion in the context of an unprecedented situation where established rules, routines or peer expectations have been disrupted and in some cases suspended. The recent literature also discusses how the pandemic affects the well-being of the SLB and puts them in situations of risk (Alcadipani et al., 2020) and how the SLB can exercise a role of leadership during such a crisis (Mishra, 2020; Tang, Cheng, & Cai, 2020). However, there is still a gap in understanding about how changes in working conditions due to the pandemic change the way the SLB works and interacts with citizens. “The examination of how street level bureaucrats have made sense of and coped with the situation may offer interesting insights into the values and motivations of public servants’ (Dunlop et al., 2020).

Considering the scarcity of the literature about crisis and SLB in general and specifically about the COVID-19 pandemic and the SLB, this paper aims at contributing to the existing literature by analyzing the work of SLBs during emergencies. That being the case, we have selected the work of social care SLBs during the COVID-19 crisis in Brazil, professionals whose working conditions in the pandemic have faced all the aforementioned challenges: increasing demand, lack of resources, ambiguities and lack of knowledge about the new routines and risks related to the disease.

### 3. SOCIAL CARE IN BRAZIL AND THE ROLE OF SLBS

The Federal Constitution of 1988 is often referred to as a turning point for social care in Brazil, having recognized this area of public policy as a social right that integrates the social security system. This framework established objective conditions to structure, in the following 30 years, a national social care policy (PNAS), which organized services and benefits offered to citizens. The development of this recent trajectory can also be told from the challenge of breaking with the welfare past and abandoning the long tradition of protagonism of the so-called 'philanthropic' private entities, and, at the same time, of reconfiguring the service to the population, with actions aimed to guarantee, defend and protect its most impoverished, vulnerable or needy segments.

From the beginning of this restructuring process, the Federal Government has occupied a central position, creating induction mechanisms that contributed to gradually expanding the implementation of this policy throughout the country while stimulating the development of administrative capacities among local governments. In this new federative arrangement, the Federal Government assumes responsibilities related to the planning and funding of intergovernmental social care policies, while municipalities become responsible for their direct implementation, including the management of street-level work. Following the creation of the Unified Social Care System (SUAS), in 2005, which defined institutional and financing arrangements and instruments for federative coordination, there was a rapid expansion of the social care network. According to the SUAS Census (Ministério da Cidadania, 2020), in 2019, 98.9% of the municipalities had at least one social care facility installed.

This network of public facilities and the thousands of professionals that compose them are essential elements to understand the advances achieved in the last decades, which include the reduction of social inequalities, the expansion of the population served by social care services and the development of a national database that identifies and characterizes low-income families, the Single Registry for Social Programs of the Federal Government (CadÚnico). The scope and quality of the information collected - more than 28 million registered families (Ministério do Desenvolvimento Social, 2020) - turned CadÚnico into a primary information source for various social policies and the main instrument for the inclusion of low-income families in social programs. Its management is shared between the three levels of government, and it is up to professionals in the municipalities to register and update their records.

Throughout this period of expansion of the social care network, norms and guidelines were elaborated that provided the policy with some level of uniformity and technically directed the work of the SLBs responsible for serving the public. A major advance in this direction was the publication of the National Typification of Social Care Services (2009). This document characterizes the different types of services, defining their goals, provisions and guidelines. In relation to SLBs, this document seeks to address their discretion by minimizing it and promoting, as much as possible, closer alignment on the content, goal and expected outcome of their work. Published rules and guidelines are often adopted and followed by state and city-level governments. Nonetheless, all federal entities can develop and follow their own rules. This autonomy is fundamental for adapting the functioning of services to local realities, although it challenges municipal administrations to understand, analyze and organize themselves to face such issues.

This is one of the ongoing processes, essential to the consolidation of the policy and its practices. This situation directly impacts the SLBs that respond to the demands brought by the public, dealing with the gaps in the normative guidelines in different and discretionary ways.

Social care services are organized in three levels of complexity: basic, medium and high. All of them function based on the bond established between the citizen serviced and the frontline worker, who aims to strengthen or rebuild citizens' bonds in terms of family and societal connections. At the basic and medium levels, services are anchored on principles of territorialization and care for those in situations of vulnerability (National Typification of Social Care Services, 2009). Therefore, SLBs work necessarily implies 1) the establishment of a bond that is only possible in an interactive process, which must be comprehensive and respect the particularities of each person/family; and 2) acting in the territory, articulating public and private institutions in a network capable of guaranteeing the access to the social rights that are legally guaranteed to citizens. From these principles, the guidelines for work and daily challenges to perform it are understood simultaneously.

With the COVID-19 pandemic, street-level workers had to simultaneously face new difficulties and challenges historically present in the territories and in the area of social care. On the one hand, frontline social care professionals in Brazil have faced a significant increase in the demand for work. With the crisis, more vulnerable citizens, such as the homeless population and people in more precarious conditions of housing, work and income, started to require additional care. An example is the support provided by the SLBs for assistance with registration in the Emergency Basic Income, through the Single Registry, which needs to deal with the difficulty of reaching a contingent of more than 42 million people who are not present in any public registry and who often do not even have access to the internet.

However, this sudden increase in the demand for social care affected the sectors that compose this policy in heterogeneous ways. Some organizations that used to work with vulnerable young population, such as the Centre for Children and Teenager - CCA, had their activities temporarily suspended, while other sectors, such as those involved with homeless people and with the emergency income, had to deal with an abrupt increase in their working demand. Furthermore, governmental response to this unexpected increase in the need for social care was marked by a disconnection between the new initiatives and the existing network. For example, the Emergency Basic Income, granted by the Federal Government, was managed by Caixa Econômica Federal, a national bank, through an online platform, and not by the municipalities and their frontline workers, who could more easily mobilize and reach the poorest population. Another example is the "*Programa Cidade Solidária*" in the municipality of São Paulo, an action for the distribution of food promoted by the Urban Development Secretariat, which had no staff or public equipment in the territories to support this action. Both of these initiatives are limited in reaching out to the most vulnerable population, who often lack access to the internet or are disconnected from political support networks, problems that could be minimized if the implementation was activated through the social care network, already established in all the country.

On the other hand, from a structural point of view, this absence of the social care network at the forefront of coping with the impacts of the crisis is part of a broader process of weakening SUAS in the country. When COVID-19 emerged, the Social Care National Policy had already been facing its own set

of challenges, which have increased significantly from 2016 on. While in the process of consolidation (Colin, Crus, Tapajós, & Albuquerque, 2013), the policy was heavily affected by the approval of Constitutional Amendment no. 95, which established a maximum on social policy spending. Social Care and other social policies have been impacted by the reduction of resources, with serious effects on municipal administrations, highly dependent on federal transfers. Consequently, the continuity of services and benefits already in place, as well as the expansion of the network were threatened (Teixeira & Carneiro, 2019). During this interrupted consolidation process, the universalization of the offer of social care services and the structuring of social care surveillance were still under debate, including the strengthening of intersectionality in the articulation of the network of social services in the territories and the organization of monitoring and evaluation systems. The result is a constellation of pre-existing and unfavorable factors in the social care policy: a structural lack of resources, increase in the demand and disconnected immediate answers, associated with all the risks related to the disease, creating a critical scenario for street-level workers to act in the pandemic.

#### 4. SOCIAL CARE WORKERS IN THE PANDEMIC: VOICES FROM THE FRONTLINE

In emergencies, street-level bureaucrats have to deal with the aggravation of everyday issues, such as the scarcity of resources and information (Henderson, 2014; Dunlop et al., 2020). In the current context of the pandemic, these issues are complemented by uncertainties and the need for social isolation. How can we guarantee services to citizens if direct interaction between them and workers representing the State must be limited, altered or represent a risk of contagion? The answer to this question is urgent, because the citizens served by social care live in contexts of high vulnerability and government support is essential to meet their basic needs in this emergency moment.

Aiming to explore the current working dynamics of social care SLBs in the Brazilian context of the pandemic, the Bureaucracy Studies Center of the Getulio Vargas Foundation (NEB/FGV EAESP) carried out a survey with frontline workers in social care services. The survey was conducted online between 4/15/2020 and 5/1/2020 and had the voluntary participation of 439 respondents. Questions were both quantitative and qualitative to capture their perceptions and how they are dealing with the crisis. Street-level bureaucrats working at the three levels of the social care network - basic, medium and high - in municipal services from 16 states of the country contributed to this research<sup>2</sup>.

With regards to the profile of the professionals that participated in the survey, there is a concentration of respondents working in the Southeast of the country (53.99%), with emphasis on the state of São Paulo, which alone computes just over half of all participants. In relation to gender, 85.88% of contributors were women, 12.76%, men and 1.37% who preferred not to declare their gender identification. In addition, regarding the existence of previous links with the region in which they operate, 26.88% claimed to have no relationship before being assigned to the job; 44.42% said they were born in the region and 22.78% said they had previous ties without specifying which ones. This first round of the survey was not able to capture other characteristics of the professionals, such as their professional background and employment relationship - if they were public servers or outsourced

<sup>2</sup> Alagoas, Bahia, Ceará, Maranhão, Mato Grosso do Sul, Minas Gerais, Pará, Paraná, Pernambuco, Piauí, Rio de Janeiro, Rio Grande do Norte, Rio Grande do Sul, Rondônia, Santa Catarina, São Paulo.

employees. As it can be depicted, this is a convenience sample, and not a random one. This means that we cannot generalize the findings but look at their specificities within the group of respondents. The results of this survey, combined with data collected in consultations with governmental representatives and in an online debate with social care SLBs working in the city of São Paulo, carried out virtually by NEB/FGV EAESP on 05/14/2020, describe a worrisome scenario.

First, they point to flaws in the supply of personal protective equipment (PPE) for these workers: 62% of the survey participants did not receive the necessary equipment to protect themselves. In addition to these absences, delays also seem to contribute to inadequate protection in the workplace: in São Paulo, PPE were only made available to SLBs more than a month after the quarantine started, after the resolution of a conflict between civil society organizations (CSOs), hired to implement some of the social care services, and the City Hall about who should be responsible for offering these inputs.

Furthermore, if timid and uncoordinated government responses are markedly present in the history of social care, this, unfortunately, was no different at this time. On the one hand, there is a lack of guidelines for SLBs on work procedures in the current crisis: 87% of survey respondents had no training on how to deal with COVID-19, 59% did not feel support from their superiors to tackle the pandemic and 46% did not receive guidance from their leadership on how to act during this crisis. In the city of São Paulo, this situation is also sensitive, as the lodging guidelines for the social care network during the pandemic were established only two months after the first confirmed cases in the city.

On the other hand, the pandemic highlighted the difficulties in promoting articulated and coordinated social care work. Many of the emergency actions under development are taking place in parallel to the SUAS institutional framework and the city of São Paulo is a didactic case of this. To a large extent, the measures presented by this City Hall are focused on the delivery of food to vulnerable communities, made possible by a newly created program, *Cidade Solidária*, coordinated by the Municipal Secretariat for Urban Development, with no link to the Social Care and Development Municipal Secretary (SMADS) and to the pre-existing social care network. With regard to the homeless population, the service offer has expanded a little, with the provision of emergency reception spaces by SMADS, the expansion of alternative food and the installation of drinking fountains and sinks to facilitate hygiene. However, these measures have little to do with the need for equipment, and above all, with the needs of frontline professionals and families in situations of social vulnerability.

As a consequence, SLBs feel little support and unprepared to ensure the continuity of services safely. Survey responses indicate that 90.5% of respondents are afraid of the coronavirus and almost half of them (43%) know co-workers who have been infected or have symptoms. Faced with reports of deaths and dismissals of workers in the social care network on behalf of COVID-19, SMADS has been the target of protests by workers' representative bodies for not disclosing numbers of infected workers or deaths, and for not offering individual protection equipment nor testing these professionals.

The results also illustrated that the SLBs experience the pandemic and its effects in different ways, considering the impact of the crisis in each type of service. For example, according to reports by frontline workers in São Paulo, employees in Shelters for Homeless continue to work in-person, even with the risk of contagion, and witness a significant increase in demand for the service and in citizens' difficulties. On the other hand, workers in services of low complexity, such as the Centers for



Children and Adolescents (CCA), had their face-to-face activities suspended and only maintained remote contact with citizens. This form of communication is challenging, since many of the served families have limited access to the internet. Knowing the reality of the public served, it is up to these frontline workers to decide whether emergency actions should be taken, such as the distribution of food and hygiene items, and whether they should maintain virtual communication or develop some visits and in-person activities.

Additionally, the survey results raise questions about the capacity of these services to respond to the increase in demand. Among the questions asked, two demonstrate this significantly. In the first, when asked whether the coronavirus crisis changed their work dynamics, 74.5% of respondents responded positively. The continuation of this question, which requested an explanation of how the work dynamics was changed, obtained 328 responses, which were analyzed and codified into categories. Table 1 shows the most recurring categories.

**TABLE 1** MOST COMMON CATEGORIES ABOUT HOW THE PANDEMIC CHANGED THE DYNAMICS OF WORK

Categories	Number of answers
Working remotely	81 (25%)
Working at scale	56 (17%)
Reduce/suspend in-person activities with citizens	46 (14%)
Relationship with citizens	45 (13,7%)
Working more	26 (8%)
Working with PPE and additional preventive care	21 (6,4%)

**Source:** Elaborated by the authors.

This table reveals that the use of PPE was not the most memorable change in the work dynamics of SLBs and that face-to-face service and the creation of bonds with citizens, the pillars of social care services, were deeply affected. The most recurring responses point out that services are being carried out remotely (25%), have been reduced or suspended (14%) or have been offered at different times and with fewer street-level bureaucrats, who work on a scale (14%). Only 8% of respondents indicated that they have been working more in the pandemic.

The second question asked whether the pandemic changed the way SLBs relate to citizens. The vast majority (87%) responded positively. The next question, which asked them to explain how these relationships were changed, received 311 responses, which were subsequently analyzed and coded into categories. Table 2 presents the most common categories for this question.

**TABLE 2** MOST COMMON CATEGORIES ABOUT HOW THE PANDEMIC HAS ALTERED SLBS' RELATIONS WITH CITIZENS

Categories	Number of answers
Physical distance	149 (40%)
Social isolation	61 (16,5%)
Negative emotional impact	32 (8,6%)
Remote services (online/telephone)	26 (7%)
Bonding differently	22 (6%)
Reduction/suspension of activities with citizens	15 (4%)

**Source:** Elaborated by the authors.

This table demonstrates that, during the COVID-19 crisis, social care services quickly adapted, transforming the continuous, face-to-face work permeated by socio-affective bonds with vulnerable families. A significant part of the respondents (40%) indicates that, when there are in-person meetings, they are marked by the establishment of physical distance. Other reports suggest that, in many cases, the workers do not even get to have a face-to-face encounter with citizens, as they are in social isolation (16.5%), work remotely (7%) and have reduced or suspended activities (4%). A third group of participants reported negative emotional impacts (8.6%), such as fear and frustration, regarding their relationship with citizens and acknowledge that the bond with them is different (6%).

In summary, given the current context, it is reasonable to argue that street-level bureaucrats are unprepared and unsupported to respond adequately to the existing and emerging demands of the public for social care services. On the one hand, this crisis has exacerbated problems related to the relationship between these workers and governments, such as insufficient resources, scarce information and guidance. This increases the uncertainty of these workers on their performance and their safety (and that of the served citizens).

On the other hand, the pandemic creates new problems in the relationship between citizens and frontline workers. Faced with the need for distance, SLBs suffer to maintain the bonds built in-person. Remote working strategies meet only partially the need for communication with the families served. A recent study indicates that, among the population of classes D and E, which includes the lowest income families in the country and probably those served by social care services, half of them have access to the internet and only 14% have a computer at home<sup>3</sup>. In addition, physical distance alters the routine way of creating bonds in face-to-face meetings. With PPE and,

<sup>3</sup> Retrieved from [https://www.cetic.br/media/analises/tic\\_domicilios\\_2019\\_coletiva\\_imprensa.pdf](https://www.cetic.br/media/analises/tic_domicilios_2019_coletiva_imprensa.pdf)

in the words of one of the survey respondents, “no handshakes, no kisses, no hugs, no intimate dialogues”, it is necessary to rethink the way work is done and to deal with ambiguous feelings, of fear and of concern for the other.

## 5. FINAL REMARKS

This study aimed to analyze the impact of the pandemic on the functioning of social care services in Brazil, centering on the voices of those working at the street-level. The process of institutional strengthening of this policy, mainly through the Unified Social Care System, generated greater standardization of services, expanded the population served and increased the implementation capacity of municipal governments. However, it was still consolidating its procedures and methodologies when its financing was greatly reduced from 2017 on. Against this background, social care services contain, simultaneously, great potential to minimize the adverse effects of the current crisis on the most vulnerable population and a performance that, before becoming solid, suffered further weaknesses. Metaphorically, it can be said that the social care policy itself was advancing, even with “low immunity”, when it was affected by an outbreak of the new coronavirus.

Our results indicate that this potential has been little explored during the pandemic. SLBs who work in the delivery of social care services are receiving diffuse guidelines and restricted resources and PPE. Decisions from politicians and public managers affect how frontline professionals act during this unprecedented crisis and have direct effects on their daily interactions with citizens. Street-level workers also must deal with novelties in the territories in which they act. Facilities with low complexity had their on-site activities suspended and underutilized. Social movements and local organizations have assumed leading roles in providing basic assistance to families in need, opening up a window of opportunity for future partnerships.

The environment in which these SLBs work has become more uncertain, unpredictable and permeable to their discretion. The social care policy and its workers will probably remain under intense pressure even after this public health crisis is over, due to the unprecedented economic crisis that has been affecting the country. In this sense, the great challenges that are already being faced, will potentially increase in the near future. The relationship with citizens, which, according to policy regulations, should aim at building bonds and access to other public policies, has also been transformed. If traditionally it was guided by in-person relationship, it is now reduced or metamorphosed and takes on a face-to-face character, but without physical contact, or a purely remote and virtual character.

In this complex context, three considerations emerge. First, SLBs face the fear of contagion and difficulties in providing the public with information about government programs and benefits, such as emergency basic income. A more responsive and concerned federative action with frontline workers could minimize this issue. Second, social care services are underutilized. One should also not neglect the fact that its execution is based on the establishment of links with families and services in the territories and that the conditions for this are profoundly affected at this time. These questions alert to the urgent need to analyze what are the conditions and possibilities for social care to contribute to coping with the pandemic, considering the potential response in the existing network, the new rules of social coexistence and the deepening of vulnerability among the families served and the territories in which they live.

Finally, one of the effects of this gap of services and, therefore, on the action of the SLBs, seems to be the increase of discretion of these workers in the pandemic, who can respond with vocation and heroism (Maynard-Moody & Musheno, 2003) or with a focus on their safety and inaction. In our case, in a context of fear and lack of institutional support, it seems that SLBs have privileged inaction and their safety. At the end, the difficult context in which these caregivers are acting, makes some of them unable to care.

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