Social Work and Conditional Cash Transfers in Latin America.

Cindy Calvo
University of Kansas

Follow this and additional works at: https://scholarworks.wmich.edu/jssw

Part of the Latina/o Studies Commons, and the Social Work Commons

Recommended Citation
Available at: https://scholarworks.wmich.edu/jssw/vol38/iss3/4

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.
Social Work and Conditional Cash Transfers in Latin America.

CINDY CALVO
School of Social Welfare
University of Kansas

Conditional cash transfer (CCT) programs are a recent anti-poverty strategy in Latin America. CCT programs provide cash benefits to finance basic needs and foster investment in human capital to extremely poor households. These benefits are conditioned on certain behaviors, usually related to investments in nutrition, health, and education. In the literature, there is a recognizable lack of analyses from social science disciplines related to CCT program implications. This paper contributes in this arena by analyzing the particular role of social work in CCT anti-poverty programs. The educational element of these programs and its theoretical foundation based on the human capital model, the debate around issues of conditionality and targeting, the possible role of CCT programs in a broader reform of social protection systems, and professional practice implications using the Chilean CCT program as a model will be addressed.

Key words: conditional cash transfers, Latin America, social work role, anti-poverty programs

Poverty and anti-poverty programs have become a priority in the national agenda of Latin American governments, as well as a significant issue to be considered by international monetary institutions, scholars and the general public. This is not surprising, because poverty and extreme poverty have steadily increased in Latin America since the 1980s, as the result of the world economic crisis and the adoption of structural
adjustment programs. According to Londono and Szekely (1997), in Latin America from 1982 to 1993 the overall number of people living in poverty increased from 78 to 150 million. Despite small improvements, overall poverty levels have remained as those attained in 1980 (136 million people) (Cepal, as cited in Garland, 2000).

Likewise, income inequality in the region has been particularly troublesome. During the 1990s, income inequality did not improve and remains as high today as it was two decades ago. For example, in the 90s, the poorest 30 percent of the population received 7.5 percent of all national income, while the wealthiest 10 percent received 40 percent (Inter-American Development Bank, 1998). This situation threatens to undermine political stability, and continues the violation of people’s rights to a decent standard of living (Garland, 2000). Severe losses in areas such as health and education forced governments and international financial institutions to acknowledge that the adoption of economic growth strategies alone cannot address these problems without a political commitment to poverty reduction and redistribution of the nation’s resources (Garland, 2000).

Mexico and Brazil were the first Latin American countries to embrace a new approach to social assistance aimed at lessening the negative consequences of the adoption of the structural adjustment programs. The Mexican Program, Progresa, was a nationwide program introduced in 1997. Brazil followed this approach in the late 1990s, and in 2002 the federal program called Bolsa Familia reached five million beneficiary families (Britto, 2005). These are Conditional Cash Transfer (CCT) programs for poverty reduction targeting extremely poor households. Generally, these programs address three developmental components—education, health and nutrition—though the educational component prevails as the most important one. Due to the success of these first two programs, other countries have adopted this design for the delivery of social services. According to Valencia (2008), by 2007, there were 16 CCT programs in the whole Latin American and Caribbean region, and 70 million people, conservatively estimated, have received CCT support.

Consequently, a current and extensive body of literature disseminates results from research on the implementation of CCT
programs in different countries. These studies have focused attention predominantly on program impacts on health, consumption, and education; and on addressing poverty reduction. Most of these studies are rooted in economic disciplines with prominent academics and officials from international financial organizations (e.g. World Bank, International Development Bank) setting the direction of the analyses. Thus, there is a recognizable lack of analyses from social science disciplines related to the historical, cultural, political, social, and family implications in a broader and increasingly complex Latin American context.

The social work profession can make important contributions to the analysis of CCT programs, by considering their theoretical foundations, social rights debates among particular disadvantaged populations, policy design, quality of services and beneficiaries' needs, and ultimately, by contributing to the knowledge base by addressing the related implications for professional practice. In particular, the educational element of these programs based on the human capital model, the debate around issues of conditionality and targeting, the possible role of CCT programs in a broader reform of social protection systems, and potential social work practice implications using as a model the Chilean CCT program will be addressed in this paper.

Overview of CCT programs

All CCT programs provide cash or in-kind benefits to extremely poor households to finance immediate consumption and foster investment in human capital. These benefits are conditioned on certain behaviors, usually related to investments in nutrition, health, and education. In some programs, participating households receive two sets of transfers. One is the education subsidy, which is conditional on regular attendance at school. The other set is conditional on regular attendance by household members (particularly children) at health clinics. These kinds of conditions have created political support for money transfers, since it can be argued that the transfers constitute investments in needy households, but they are also a required component of universal coverage programs (De Ferranti, Perry, Ferreira, & Walton, 2004). In this sense,
CCT programs are also viewed as demand-side interventions which, for example, subsidize investment in education by the poor (bringing the poor into the education system) vs. long established supply-side interventions programs which promote extensive expansion of the school system (bringing education to the poor) (Coady & Parker, 2002). In classical economics, supply-side policies propose that supply is the key to economic prosperity and that demand is a secondary consequence. However, according to Rawlings and Rubio (2005), supply-side actions have been underutilized by the poor because of unmanageable out-of-pocket expenditures, difficult access, and lack of incentives for investing in future human capital. In other words, “since economies of scale imply that it is generally more cost-effective to locate schools in relatively densely populated areas, poorer households, which tend to be disproportionately located in remote areas, may face substantially higher private costs and, as a result, tend to acquire lower educational levels” (Coady & Parker, 2002, p. 1). Conditioning cash transfers on access to services and facilities is, therefore, an attractive policy response to this problem.

Rawlings and Rubio (2005) also point out that CCT programs explicitly address several criticisms of more traditional social assistance schemes (e.g. weak poverty targeting, high administrative costs, and multiplicity of overlapping goals). These authors assert that CCTs are low-cost programs, which are administratively effective, with clear interrelated goals to reduce both long-term and short-term poverty. The “CCT programs address both future poverty, by fostering human capital accumulation among the young as a means of breaking the intergenerational transmission of poverty and current poverty, by providing income support for consumption in the short run” (Rawlings & Rubio, 2005, p. 33). Since intergenerational transmission of poverty is an issue, CCT programs are particularly aimed at children, due to their major element of conditionality toward school attendance, regular visits to the clinics, and targeting consumption of nutritional elements. In Valencia’s view (2009), this reflects the main assumption that underlies the program design: once individuals are healthy, better fed, and educated, they will be able to overcome poverty over the long run.
Additionally, women have a significant role in the program since payments usually go to the female head of households. Previous research shows that women devote their earnings to meet collective consumption needs more than men do. Thus, according to Gitter and Barham (2008), CCT transfers to women are more likely to be spent on their children’s health, nutrition, and education, consequently reinforcing the goals of these programs. Moreover, in some programs women have an important role serving as a community link between beneficiaries and local program administrators, such as the case of the Progresa program. Community promoters are responsible for informing beneficiaries about program operations and their rights and responsibilities, as well as monitoring program compliance (De Ferranti et al., 2004).

Further, some CCT programs increase transfers by grade (primarily because of higher opportunity costs for older children), and the transfers are higher for girls in middle school, reflecting a desire to reduce gender bias in education. In most CCT programs, a capping system places a ceiling on the total amount of transfers a household can receive, so as “to not create dependency on the part of recipients, to not erode the incentive for self-help, and to avoid incentives for higher fertility” (De Ferranti et al., 2004, p. 275).

Program Design

CCT programs are considered a new strategy for the delivery of social services mainly because of their key parameters: targeting, conditionality, and evaluation design, which are significantly different from those historically adopted in Latin America. Generally, they are designed and implemented by the central government. Participating communities and households are selected by program officials and transfers go directly to eligible households without passing through state budgets (De Ferranti et al., 2004). The programs use a range of targeting methods to ensure that benefits effectively reach the poorest households. Most CCT programs divide the targeting process into two main stages: the first corresponds to poverty-mapping at a geographic level, focusing on those communities where the distribution of poverty is greater. Yet the selection of eligible communities also includes a consideration of the
supply-side capacity to respond to the increased demand in health and education services. The second stage frequently uses proxy-means testing to collect information about household characteristics. Thus, based on a cut-off poverty point, those households below the cut-off are included in the program. In some cases, CCT programs also use some community-based targeting and self-selection methods to benefit households (De Ferranti et al., 2004; Rawlings & Rubio, 2005).

In terms of conditionality, CCT programs receive mixed reviews. Advocates of conditionalities base their opinions on previous research findings that show larger program effects when transfers are “conditioned” on certain behaviors (e.g., school enrollment) (Schady & Araujo, 2006). This finding is also sustained by economists who suggest that households would behave differently if given an equivalent amount of cash with no strings attached (Das, Do, & Ozler, 2005). Hence, the widespread belief about the ability of CCT programs to influence behavior is used as a measure of their success. Basically, what CCT programs seek is a change in individuals' behaviors when they do not match with societal preferences; for instance, parents who make bad schooling decisions for their child may not take into account the long-term benefits of education (Das, Do, & Ozler, 2005). On the other hand, critiques of this program approach make use of ethical considerations. Lera (2009) points to the many voices claiming conditionalities patronize the poor, by presuming that they do not act rationally unless they are “conditioned” to do so.

In terms of program evaluation, unlike most development initiatives, several CCT programs have used impact evaluations for large-scale social experiments. These evaluations have had strong support from program staff and policymakers (Rawlings & Rubio, 2005). CCT program evaluations in Colombia, Honduras, Nicaragua, and Mexico prioritized the use of robust evaluations since program inception including random assignment, collection of baseline and follow-up data, as well as the use of comparison groups for informing program impacts (Rawlings & Rubio, 2005). Recently, non-experimental methods such as propensity score matching have become very popular in the evaluation literature (Handa & Davis, 2006). Due to the success of these early evaluations, international financial
institutions now support similar evaluations in other countries by lending money, advising and encouraging the adoption of experimental designs (Rawlings, DeShano & Trevino, 2006).

These evaluations have focused on measuring changes in the short-and medium-term indicators of human capital accumulation. In education, the evaluations assessed changes in school enrollment, attendance rates, and repetition rates. In health and nutrition, the evaluations included a range of health care and quality indicators such as vaccination coverage, malnutrition rates, and child growth. Overall, CCT initial studies have shown positive effects on school enrollment and nutrition patterns (Valencia, 2009). The evidence regarding the impact on child labor is not conclusive, since school attendance can be frequently combined with work (Bourguinon, Ferreira & Leite, 2002), and the impact of these programs on poverty reduction is still not clear (Britto, 2005; De Ferranti et al., 2004).

CCT Educational Impacts

The educational component in the design of CCT programs is fundamental because of the belief that CCT programs are effective instruments to alleviate poverty in the long term, inducing “families to support the education of their children in ways that will make them less likely to be poor in the future” (Reimers, DeShano, & Trevino, 2006, p. 5). The focus of this analysis will be on current educational impacts of CCT programs, and their assumed long-term effect on the accumulation of human capital.

The broader review for this paper sought and retrieved published and unpublished studies and reports from annotated bibliographies and from searches on data bases. The studies selected correspond to the first generation of CCT programs in the following countries: Colombia, Ecuador, Honduras, Nicaragua, Mexico, and Brazil. These evaluations followed experimental and quasi-experimental designs. Overall, the programs reviewed achieved their explicit goals of increasing school enrollment and attendance rates. For instance, the Mexican program increased 3.5 percentage points (pp) on enrollment for all grades (Schultz, 2004), and the Ecuadorian program increased from 75 to 85 pp on those children around the first quintile in the poverty index measure (Oosterbeek,
The larger effects are for adolescents, such as in the cases of the Mexican, Colombian, and Brazilian programs. In Mexico, children who had completed the last year of primary school (age 12) experienced the larger effects. For this group the enrollment rate increased by 11.1 pp (Schultz, 2004). In Colombia, the program also affected enrollment rates of children ages 14-17 by 5 and 7 pp (Attanasio et al., 2008); and in Brazil the program increased enrollment by 3.2 pp for children in grades 5-8 (approximately ages 12 to 15) (Glewwe & Kassouf, 2008).

In contrast, the program impacts on primary school are modest. For instance, in Colombia there is a small increase in enrollment for children 8-13 years old by 1-2 pp. In Brazil for grades 1-4 the program increased enrollment by 2.8 pp (Glewwe & Kassouf, 2008); and in Honduras, the program increased enrollment rates in children ages 6-13 by 1-2 pp (Glewwe & Olinto, 2004). The larger effects on enrollment for older children could be explained, in part, because those countries already have high enrollment in primary school. Thus, the impacts are especially significant for students in secondary school where the enrollment rates tend to decrease considerably, especially during the transition from primary to secondary education.

In terms of school attendance, CCT programs in Nicaragua and Brazil have also increased rates. In Nicaragua, a statistically significant impact on attendance was found for boys ages 7-13 (Dammert, 2009); and in Brazil, the program has been particularly effective at helping girls to stay in school (Glewwe & Kassouf, 2008). Some of the programs have also contributed to reducing gender differentials in education. This is especially true for the Mexican and Brazilian programs where cash transfers increase for girls in secondary school. However, in Nicaragua the boost in school attendance is greater for boys than for girls. These findings are important because the Nicaraguan program does not provide differential transfers to boys over girls (Dammert, 2009). Furthermore, in Honduras and Brazil, CCT program evaluations have shown a positive impact on grade promotion, as well as on reducing dropout rates. In Honduras, the program reduced dropout rates by 2-3 pp, and increased annual promotion to the next grade by
In Brazil, repetition rates in grades 5-8 are lower than those in grades 1-4 (Glewwe & Kassouf, 2008).

Child labor is inextricably related to education level, but the CCT impact on child labor is somewhat less clear. Although some programs have had positive results reducing child labor (e.g., Colombia and Nicaragua) (Attanasio et al., 2008; Dammert, 2009), there has not been any impact in Brazil and Honduras (Glewwe & Kassouf, 2008; Glewwe & Olinto, 2004). Some of these studies explain that even though children do increase school attendance, they also combine schooling with housework and income-generating activities. For instance, in Brazil and Nicaragua, researchers suggest that cash transfers might be too small to create the incentive for families to forgo the income from child labor.

In a broader review of CCT programs, evaluations have also focused on school enrollment, school attendance, and child labor; but they do not explore school achievement, quality of the education, changes in family dynamics, participants' perceptions of the program, etc. In part, this is due to the fact that most of the studies available were not designed to assess the effects of CCTs with quality improvement measures (Reimers et al., 2006). In this sense, Valencia (2008) suggests that the quality of education is taken for granted and so has not been incorporated into the design and evaluation of CCT programs. The recommendation to conduct such studies is one of the most important suggestions to come out of this research review. Rawlings & Rubio (2005) point out that CCT evaluations also reveal little about the future income impact of additional years of schooling. This is a long-term question that can be answered only through longitudinal evaluations. Given the above, CCT programs should be critically examined, both in terms of empirical evidence and expected long-term effects.

In sum, the centrality of education in poverty-reduction policies stems from the belief that education is a powerful equalizer and the main asset of most people (Gundlach, Navarro de Pablo, & Weiser, 2001). This belief has been re-enforced by the World Bank in terms of the relationship established between education and poverty (Tarabini, 2008). Historically, there has been certain evidence of this thesis in developing
and developed countries (Parker & Teruel, 2005), showing that educational investments have high returns. Nevertheless, this thesis is not widely confirmed. Ram’s study (1989) reviews several economic theoretical frameworks linking the level of schooling and its impacts on income, but he did not produce clear evidence about the effect of education on income inequality or absolute poverty. Likewise, Morely and Coady (2003) recognize that growth in the number of workers with more years of schooling does not necessarily translate into greater future income-producing capacities. Also, studies on job performance show that among those who apply for a particular job, years of education do not predict future performance, especially for applicants for a typical semi-skilled blue collar job (Schmidt & Hunter, 1998). In this regard, the estimates of the economic returns vis-a-vis years of schooling have been reviewed by some scholars.

Targeting Concerns

Since the 1980s, Latin American governments sought a change in the distribution of state resources, from universal services to selective programs to those in extreme need. In the context of CCT programs, concerns exist about targeting strategies related to geographical and population selection criteria, and middle-class rights. Most CCT programs select communities considering their supply capacity to respond to the increased demand for services. For example, in the Colombian and Mexican CCT programs, extremely poor populations were left out because they did not have adequate service infrastructure or the presence of banks that could accept the deposits; this is ironic given that those areas have the most need to receive social assistance. These criteria are also utilized for comparative purposes in program evaluation, causing ethical considerations. Further, community selection criteria could be misinterpreted, exacerbating community tensions between those who are included and excluded (Adato, as cited by Valencia, 2008). Similarly, Rawlings (2005) argues that the use of proxy means tests to target individual households within poor communities, and targeting women as the transfer recipients, are inappropriate strategies “in particular situations such as indigenous communities where collective decision-making and
the provision of group-based benefits are valued” (Rawlings, 2005, pp. 153-154). On the other hand, it is difficult to achieve support to expand highly targeted programs, precisely because they do not benefit middle-income groups which have also been steadily affected by limited universal services and decreases in employment sources. This, therefore, raises another question: “should program benefits target only the extreme poor or also include those poor who are more likely to overcome poverty permanently, even when they are not the poorest of the poor?” (Cuesta, 2007, p. 1018).

Conditionality concerns. Conditionality produces other concerns. Although some scholars agree that conditions can change accountability relationships (household co-responsibility to achieve a basic living standard) (Rawlings & Rubio, 2005), others refer to limited individual choice and increased levels of social control. The idea behind these conditions is to protect people against their own choices, situations that can be considered a way of demeaning the poor (Lera, 2009). In the same way, Veit-Wilson (2009) questions to what extent the target populations agree with the conditions and the way of penalizing the non-compliance. Further, “are the costs and benefits to them consistent with their social value system and respectful towards their modes of life and conception of human dignity?” (Veit-Wilson, 2009, p. 172). For this author, these questions are not just related to whether people accept the sanctions when conditions are not met. Rather, the critical issue is why a child should be deprived of essential resources just because a targeted family member fails to meet the behavioral conditions. These questions emphasize universal human rights and government responsibilities for individuals whose needs have not been met.

Social Work and CCT programs

Social work has a broad array of theories that help us understand the historical, social, political, economic, and family factors that impact people’s lives. The diversity of these theories is unified by the ethical commitment of the profession to work for and with disadvantaged populations whose social
rights are being restricted or violated. This is especially true for social workers in third world countries where income disparity and economic insecurity continue to be salient factors for increasingly larger populations. Social work must rethink the concept of poverty that guides its practice, as well as the assumptions inherent in the design of anti-poverty programs. One critical idea to produce this conceptual change is to consider that poverty is not exclusively an individual's responsibility. Society in general produces an unequal system where resources are not well distributed and opportunities are not available to everyone. Particularly in Latin America, "the roots of poverty lie in exclusionary institutions that have been perpetuated since colonial times and that have survived different political and economic regimes, from interventionist strategies to more market-oriented policies" (De Ferranti et al., 2004, p. 1). Therefore, social work has a potential role in advocating and formulating a more comprehensive and cohesive social system that could better redistribute the resources and address the roots of poverty both from individual and structural perspectives.

Usually, poverty is conceptualized from a physiological approach as the lack of income, food, clothing, and/or shelter. From this perspective, people are poor because of a lack of economic resources to satisfy basic needs. This perspective also aligns with economists' point of view regarding an individualistic social environment, which stresses that higher education leads to higher income, enabling individuals to gain more utility, and hence improve their well-being (Jordan, 2008). This is the same assumption that underlies CCT programs. However, poverty cannot be viewed solely from a causal, unidirectional standpoint. Social workers should be aware that poverty is a multi-dimensional concept that goes beyond and includes structural factors that prevent people from accessing both external assets (credit, land, infrastructure, common property) and internal assets (health, nutrition, protection, and education) (Nayaran, Patel, Schafft, Rademacher, & Koch-Schulte, 2000).

Sen is the scholar who has, perhaps, advanced the most in the formulation of a theoretical framework of poverty (Sen & Dreze, 1989). His concept incorporates the notion of inequality and social exclusion as obstacles for the construction of a
system of rights and opportunities. Accordingly, people are poor not just because of a lack of economic resources to satisfy basic needs, but also because they live in a social, economic and political system which does not provide equality of opportunities. Therefore, one obvious concern is the narrow approach to poverty of most social programs, including CCT programs. Within these programs, overcoming poverty depends on people or families, and not on historical, structural or inequity factors (Oneto, as cited by Bivort & Martinez, 2009).

Social work has always claimed to be primarily concerned with poverty and general well-being, but lacks a strong stance against the dominant version of these concepts. "As economists themselves now engage in the debate about this central issue, social work has the opportunity to stake a claim for its views" (Jordan, 2008, p. 447). One possibility is to study CCT programs and bring into the debate tangible and ethical issues surrounding structural, social, and economic conditions, such as those identified above. For practitioners already immersed in the implementation of CCT programs, their practice must be aligned to population rights and beneficiaries' actual needs. The allocation of available resources and the promotion of changes in distribution strategies are also matters of professional responsibility. Advocating for broader social reforms that can improve not only the accessibility and quality of services in education, health, and nutrition, but also the achievement of more equal access to land, property rights, credit, job training, and employment, even when those areas of advocacy have not been traditional ones for social work, is critical.

Social workers must also challenge the construction of citizenship and social participation against poverty. Citizen participation is about the ways in which people exercise influence and control over the decisions that affect them. The interests of the poor are often not represented, lacking "voice" in service delivery (Nayaran et al., 2000), and in policy design (Bivort & Martinez, 2009). In this regard, very few CCT programs have considered citizen participation as a main feature in their design and implementation. There are some experiences which are considered, such as the Mexican CCT community involvement. Still, it is necessary to analyze in depth the kind of citizen participation that is promoted.
Social Policy Formulation

Social workers should be immersed not only in the execution of social policies, but also in the development of policy—social policy understood as the redistribution of resources, protection and social justice (Ortiz, 2007). Thus, social workers should advocate for strengthening government’s capacity to redistribute resources. For most Latin American countries, this will imply increasing their tax collection efforts, and over the long run, enacting a more progressive social policy by translating public resources into both universal and targeted social services. As targeted programs, CCTs can certainly have a significant impact on income redistribution (De Ferranti et al., 2004). However, it is also clear that CCT programs are not an exclusive solution.

In this sense, the first step for social work involvement is related to the critical evaluation of CCT assumptions. For instance, current CCT program philosophy assumes that more years of schooling will translate into a better future income and quality of life. Yet, as was argued earlier, this is an assumption now placed into question. A second assumption is that people have access to good quality services. However, CCT programs in extremely poor population areas run the risk of mandating that poor people use low-quality services, an issue that has not been seriously considered by governmental policies (Reimers et al., 2006). A central question is whether a certain amount of the governmental educational budget would be better spent on providing scholarships to poor families or on initiatives that directly improve the quality of education (e.g., teacher training, infrastructure, equipment, textbook production) (Reimers et al., 2006). Reimers et al., (2006) criticize the narrow assumption that the accumulation of human capital exclusively means the accumulation of years of schooling. The educational quality of the poor is often substandard and the years of schooling do not yield the same benefits for the poor as for privileged children. In this sense, CCT demand-side programs are likely to be most successful when combined with supply-side interventions that improve the availability and quality of services in which beneficiaries have to participate.

Another issue under discussion is how countries’ economic growth translates into availability of jobs or the
capacity of markets to absorb the expected newly qualified youth. Few studies discuss the nature of the economies in countries with CCT programs and whether, in fact, they bring about job growth that would make such assumptions tenable (Reimers et al., 2006). A number of economies in the developing world "are not generating enough growth to absorb a significant share of those who are now poor, even if they were more educated" (Reimers et al., 2006, p. 51). Since the availability of jobs is a critical assumption of CCTs, job creation should be a component in any long-term strategy for poverty reduction. For instance, "estimates of rates of return on education in marginal, rural communities in Mexico show that for the three main occupations available in these communities, there are no returns on education beyond the primary level" (Reimers et al., 2006, p. 51).

Hence, CCT programs can pursue more ambitious goals. As Cuesta (2007) highlights, CCT programs need be associated with assets other than human capital. For instance, CCT programs can be extended into training, life skills and employability, psycho-social development and formation of civic-minded citizens. In addition, these programs can be extended into credit access and microenterprise. In both Mexico and Nicaragua there has been a tendency to expand CCT programs to include training and other income-generation activities. Both programs are planning impact evaluations to help inform the debate (Rawlings & Rubio, 2005). In sum, governments need to improve CCT programs through expanding or connecting them with other instruments that can provide the basis for a better social protection system.

The Case of the Chilean CCT Program

With the exception of the Chilean program, studies and reports on CCTs in Latin America do not explicitly address the role of social work in CCT program design and implementation. Because of the lack of social work analysis in this area and with the intention of promoting it, this section focuses on the Chilean CCT program as a model to be considered for further involvement of social workers in these anti-poverty programs.

The Chile Solidario is a social system that has the objective of
promoting the social integration of the poorest by connecting them with the public benefits network (MIDEPLAN, as cited by Saracostti, 2008). The program has a particular component that combines a temporary cash grant with intensive family-based psychological support provided by a social worker to help families reach minimum levels of well-being in areas including employment, health, education and family dynamics, often through links with other social programs (Saracostti, 2008).

Social work involvement has influenced the Chilean program in two significant ways. First, social workers who were involved in designing the Chile Solidario system shared a broader definition of poverty, moving away from the original and more simplistic definition shared by the other CCT programs. This new definition considers poverty as a "multi-dimensional issue in which lack of income is only one factor in defining extreme poverty, along with economic, psychological, and cultural dimensions" (Saracostti, 2008, p. 567). Second, social workers are involved in the implementation of the program, using the family unit as the target of intervention. Consequently, the program has two main components: (1) psychological support which consists of periodic personal visits by social workers or technical staff. The visits last for 24 months, and act to stimulate and empower the family as a nucleus; and (2) a protection bonus for the family. This cash benefit is conditional on the family contract, and it is given to the mother in single parent families or to the female partner of the family. Concluding the family contract, beneficiaries who have met all conditions can receive an additional allowance over an additional three years (Saracostti, 2008).

In the Chilean program, participants are given preferential access to specific programs, such as: technical help and assistance for disabled people; drug rehabilitation and prevention; services for issues of domestic violence; employment programs; and preferential access to primary health insurance (Saracostti, 2008). Moreover, "social workers are also involved at three practice levels: direct practice with beneficiary families, community intervention, and macro policy practice" (Saracostti, 2008, p. 569). Direct practice intervention consists of identifying the poorest families and inviting them to participate in the program. In this sense, the caseworker helps the
family to identify their life needs. Regarding community intervention, social workers play a central role in coordinating the system at the local level. "All community organizations and public institutions working with the selected population are invited to participate in the local network" (Saracostti, 2008, p. 570). Lastly, social workers involved in macro policy intervention coordinate efforts with other ministries to secure and extend complementary services to this population (Saracostti, 2008).

Finally, a study developed by Galasso (2006) about the effectiveness of the Chilean program shows that, in general, the program tends to improve education and health outcomes of participants, and increases the use of social programs for housing and employment. However, there is no evidence that employment programs translate into outcomes related to producing income in the short term. Galasso (2006) suggested that "psycho-social support has been a key component because it increases awareness of social services in the community as well as households' orientation towards the future" (p. 1). Further, it seems that the Chilean program has had certain difficulties in achieving its stated goal of strengthening community participation. The program may unleash processes of isolation, since it did not strengthen family and community networks because it has linked families to public social services only through promoters (Raczynski & Serrano, as cited by Valencia, 2008). Further research is needed in order to obtain a clearer picture of every component of the program and its outcomes in addressing the stated goals.

Final Remarks

CCT programs are considered by scholars and policymakers as a new strategy to addressing extreme poverty. CCT programs are a good example of strengthening government's capacity to redistribute resources. It is undeniable that there are many poor households which benefit from these programs, and that the programs cover basic needs that otherwise would go unmet. However, it is also clear that CCT programs are not an exclusive solution. These programs are not totally new. In fact, they are typical responses to historical and economic consequences of poverty in Latin America. The expected
translation of human capital investments into higher earnings cannot be taken for granted, as it is mediated by the quality of the services, opportunities for employment, and absorption of skilled labor into the economic structure of the countries.

In the end, CCT programs are only a small part of necessary changes to improve social protection programs in Latin America which are aimed at eradicating extreme poverty. They must be interrelated with other structural reforms if governments really want to fight the roots of poverty. Social work can help inform these programs by deconstructing the underlying economists' assumptions and putting on the table social scientists' concerns about opportunities for full participation in the community, human rights, and challenges related to both psycho-social and socio-economic conditions.

Acknowledgements: The author thanks professors Margaret Severson and Chris Jensen Sundstrom at the University of Kansas for their guidance and helpful comments.

References


