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Ethical dilemmas attributed to the home visit: Perspective of social assistance professionals

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Abstract

The home visit (HV) is an intervention instrument that involves situations of violation of rights in contexts of social vulnerability. The objective of this qualitative study was to understand the meanings and ethical dilemmas attributed to the HV as an intervention resource, from the perspective of professionals from the Protection and Specialized Attention to Families and Individuals Service. Based on the Constructivist Grounded Theory, three focus groups were held with 17 professionals. The data, analyzed with the Atlas.ti 8.4 software, showed that the following aspects: the visit is a necessary instrument for psychosocial monitoring, but it generates physical and emotional stress in the professionals; lack of training and preparation of the professional to carry out the visit; and the teams experience ethical dilemmas on a daily basis. Thus, during their practices, professionals are subject to the demands of community and interinstitutional contexts, generating feelings of powerlessness and embarrassment in the face of the obligation of the HV.

Keywords: house calls, professional practice, Suas, psychology, Grounded Theory

DILEMAS ÉTICOS ATRIBUÍDOS À VISITA DOMICILIAR NA PERSPECTIVA DE PROFISSIONAIS DO SUAS

Resumo

A visita domiciliar (VD) é um instrumento de intervenção que se constitui num desafio na prática profissional, pois envolve situações de violação de direitos em contextos de vulnerabilidade social. Objetivou-se, neste estudo qualitativo, compreender os significados e dilemas éticos atribuídos à VD como recurso de intervenção, na perspectiva dos profissionais do Serviço de Proteção e Atendimento Especializado a Famílias e Indivíduos. Utilizando a perspectiva da Teoria Fundamentada nos Dados Construtivista, realizaram-se três grupos focais com 17 profissionais. Os dados, analisados por meio do software Atlas.ti 8.4, evidenciaram os seguintes aspectos: a VD é um instrumento necessário para o acompanhamento psicossocial, mas que gera um desgaste físico e emocional nos profissionais; ausência de formação e preparação do profissional para a realização da VD; as equipes vivenciam, cotidianamente, dilemas éticos. Os profissionais, ao realizarem suas práticas, encontram-se sujeitos aos contextos comunitário e interinstitucional, gerando sentimento de impotência e constrangimento frente à obrigatoriedade da visita domiciliar.

Palavras-chave: visita domiciliar, prática profissional, Suas, psicologia, teoria fundamentada

DILEMAS ÉTICOS ATRIBUIDOS A LA VISITA DOMICILIARIA: PERSPECTIVA DE LOS PROFESIONALES DE LA ASISTENCIA SOCIAL

Resumen

La visita domiciliaria (VD) es un instrumento de intervención que implica situaciones de vulneración de derechos en contextos de vulnerabilidad social. El objetivo de este estudio cualitativo fue comprender los significados y dilemas éticos atribuidos a la VD como recurso de intervención, desde la perspectiva de profesionales del Servicio de Protección y Atención Especializada a Familias e Individuos. Con base en la Teoría Fundamentada en Datos Constructivista, se realizaron tres grupos focales con 17 profesionales. Los datos, analizados en el software Atlas.ti 8.4, mostraron los siguientes aspectos: la visita es un instrumento necesario para el seguimiento psicosocial, pero genera estrés físico y emocional en los profesionales; ausencia de formación y preparación de los profesionales para realizar la visita; y los equipos experimentan dilemas éticos diariamente. Así, los profesionales, al realizar sus prácticas, están sujetos a las demandas de los contextos comunitarios e interinstitucionales, generando sentimientos de impotencia y vergüenza ante la obligación de la VD.

Palabras clave: visita domiciliaria, práctica profesional, Suas, psicología, teoría fundamentada

From the Federative Constitution of Brazil of 1988, the National Social Assistance Policy (*Política Nacional de Assistência Social* [PNAS]) was guaranteed as a right to all citizens who needed social assistance. It promoted significant changes related to the elaboration of legislation, such as the Organic Law of Social Assistance and the structural organization, through the Unified Social Assistance System (*Sistema Único de Assistência Social* [Suas]). The institution of the PNAS constituted an epistemological change, as social assistance no longer had a charitable, assistencialist, and inspection character, which conceived the user as someone subjected, and began to understand families in a more complex way, in view of recognizing its relational, contextual, political, and social dimensions, aiming to guarantee access to their rights, citizenship, and autonomy (Cruz & Guareschi, 2014).

It should be noted that such changes in the context of public policies, throughout history, have driven epistemic changes in the field of Brazilian psychology, in the sense that, when it was instituted in 1962, this professional category was organized in the educational, industrial, and clinical areas, the latter being the main focus of action. With the promulgation of the Federal Constitution, in 1988, and the PNAS, in 2004, there was a growing inclusion of psychologists in public services, including those related to social policies (Ribeiro & Guzzo, 2014). This implied a reorganization and reflection on the potentialities and the episteme of psychology in the psychosocial field, as it is historically aligned with conservative practices and paradigms. Currently, this professional category is exponentially inserted in the context of social protection, being the second professional category with the highest representation in Suas (Ribeiro & Guzzo, 2014). In this sense, the psychologist's role in this field requires a critical stance, given the epistemic changes that involve the theoretical-methodological elements of the social assistance policy, in order to reduce conservative practices that revictimize the people who are being treated by the service (Conselho Federal de Psicologia [CFP], 2012).

The PNAS promotes its actions according to the protection levels, which are: basic social protection, medium-complexity special social protection (SSP), and high-complexity special social protection. The SSP, the object of this article, has as its *locus* of action the Specialized Reference Center for Social Assistance (*Centro de Referência Especializado de Assistência Social* (Creas]) and has as one of its services the Protection and Specialized Assistance to Families and Individuals (*Proteção e Atendimento Especializado a Famílias e Indivíduos* [Paefi]), which provides assistance, guidance, and monitoring of users and families who are in situations of physical, sexual, and psychological violence or neglect. In the face of these rights violations, its actions are based on the preservation and strengthening of family and community bonds to enhance the protective function of the family in the face of vulnerabilities (Brasil, 2014).

Paefi starts monitoring families, mainly by referring them to the sectors that make up the Rights Guarantee System (*Sistema de Garantia de Direitos* [SGD]), such as the Child Protective Services (CPS) and the Judiciary (Rio de Janeiro, 2013; CFP, 2012; D'Avila, 2018; Lima, 2011; Péres & Moré, 2021). Afterward, two professionals (partners), consisting of a psychologist and a social worker, start the actions of interdisciplinary monitoring, among which are home visits (HV),

psychosocial care, and reporting to the CPS and the judiciary system (Jorge, 2015; Brazil, 2006; CFP, 2012). Regarding the use of HV, this is an intervention instrument that helps the team to understand the family reality, that is, its dynamics, potentials, and support networks in order to expand the possibilities of professional intervention to overcome situations of vulnerability and violence (Amaro, 2014; Rio de Janeiro, 2013).

The importance of research on HV is due to the specificity of its performance by Paefi, as it occurs in a context of vulnerability, violence, denunciation of violation of rights, and the obligation of the family to be followed up (D'Avila, 2018; Dias et al., 2019). Still in the context of HV, D'Avila (2018), Lima (2011), Lima and Schneider (2018), and Peres and Moré (2021) bring to light ethical dilemmas experienced by professionals, which strain professional practices and demand constant reflection on decisions and conduct.

Among the dilemmas presented by the authors, those pointed out by D'Avila (2018) and Péres and Moré (2021) stand out, in the sense that the way the interinstitutional flow is configured affects the professional attitude and the planning of the visit, which can generate traditional and police behavior in professionals. This is mainly because the Justice and the CPS are the main forwarders of requests to Paefi (Brasil, 2015; Péres & Moré, 2021). It is worth noting that the two systems, Suas and the Justice, understand the norms based on their institutional place, in this sense, different epistemes, languages, conceptions, and assumptions coexist, resulting in interinstitutional conflicts and dilemmas. Among these conflicts, there are the requests for assistance from the Judiciary to Suas, as they require – in addition to family assistance – expertise, investigation of complaints, and information on family follow-up, which, in addition to directly interfering in the organization of the work of the teams, constitutes demands that are incompatible with Suas' attributions (Brasil, 2015).

For Péres and Moré (2021, p. 16), the request for services to guarantee rights, the visits made by Paefi to families without prior notice, and the mandatory submission of reports to the court and CPS "can contribute to the construction of an ambivalent bond" of care and inspection with the monitored families. These data, to a certain extent, are in line with the research by Lauermann (2015) on HV, which was carried out in the context of basic Brazilian social protection. The author shows that the team may be carrying out violence disguised as a concept of care. In this sense, the configured interinstitutional flow can generate embarrassment and anxiety for the families assisted due to the possibility of institutional care for children, which ends up causing problems for the family that is overcoming the violence experienced (D'Avila, 2018). It is evident that studies on the work of teams in SSP presented ethical dilemmas restricted to the interinstitutional flow, in this sense, it is considered necessary to carry out research that brings to light the various dilemmas in the context of professional practice.

Besides these changes – both in the context of social public policies and the episteme of psychology – and the ethical dilemmas faced by the teams, there is the fact that approximately 99.6% of Creas in Brazil perform HV (Brasil, 2017), and the professionals who perform it have limited training in HV, especially in terms of experiencing the risks of their own safety and

decision-making in the face of community dilemmas (Ribeiro & Guzzo, 2014). In addition, professional practices, in contexts of constant social vulnerability, contribute to the development of mental disorders, such as anxiety, physical illnesses, and fear in the professional team (D'Avila, 2018; Dias et al., 2019).

Regarding HV in the context of basic social protection, it is the instrument most used by professional teams (Flor & Goto, 2015), given that 99.3% of the Social Assistance Reference Centers (*Centro de Referência da Assistência Social* [Cras]) in Brazil performed it in 2017 (Brasil, 2017). It is noteworthy that, in the research carried out by Scott et al. (2019), even though psychologists acknowledged the importance of the visit, this activity was under the responsibility of social workers and was performed only when requested by the Judiciary or the CPS, in order to prepare reports for these bodies.

It is evident that, in the national context, due to the recent implementation of Suas, an incipient scientific production and the absence of institutional documentation on the HV carried out by the SSP team, mainly in the context of psychology, were not observed. It is also noteworthy that the studies found were mainly related to theses and dissertations, which evidenced a dialogue aimed at the interface between Creas and the role of the State in guaranteeing rights or in the context of health policies. In this sense, the use of this intervention instrument has been poorly supported by the literature, contributing for dealing with the complexity and challenges that configure a HV in the professional daily life of Suas' social workers and psychologists. It is understood that research on this theme contributes to the construction and development of this professional practice in the psychosocial context, given the absence of political guidelines or training that adapts the practice to the context. Given the above, this study aims to understand the meanings and ethical dilemmas attributed to HV as an intervention resource from the perspective of Paefi professionals.

Method

Participants

This qualitative research has as method the Constructivist Grounded Theory (CGT), proposed by Katy Charmaz (2009), who followed the precepts of planning data collection, coding, and constant data comparison.

The research was carried out in a municipality that had two Creas agencies with one Paefi each. Data collection occurred through three focus groups with psychologists and social workers, one group from Paefi 1 (with professionals who worked in the morning shift), and one from Paefi 2 (with those in the afternoon shift). A total of 17 professionals participated, including ten social workers and seven psychologists, so that the inclusion criteria were having performed more than five HV and haveing worked at Creas for more than six months.

Of the 17 participating professionals, 16 were women, aged between 29 and 67 years old, three were PhDs; two, masters; and ten held the degree of specialist. The average time working at Paefi was five years, ranging from six months to 13 years. Regarding the approximate number

of HV carried out in the context of social assistance, some professionals were unable to report due to the significant amount, and others shared an approximate number, with the average being, per professional, 320 visits (Table 1).

Table 1

Professionals participating in the focus group

Participant	Age	Graduation	Post-graduation	Time working at Paefi	Approximate number of HV performed
A1	48	Social Services	Master	13 years	1.000
A2	47	Social Services	Specialization	4 years	1.000
A3	30	Social Services	PhD	6 years	–
A4	45	Social Services	Specialization	10 years	960
A5	33	Social Services	Specialization	6 years	–
A6	34	Psychology	–	6 years	–
A7	67	Social Services	Specialization	1 year	–
A8	44	Psychology	–	6 years	250
A9	58	Psychology	PhD	6 months	5
A10	38	Psychology	Master	3 years and 6 months	60
A11	30	Social Services	Specialization	3 years	50
A12	29	Psychology	Specialization	4 years	40
A13	38	Social Services	Specialization	6 months	10
A14	38	Psychology	PhD	4 years and 6 months	50–100
A15	51	Psychology	Specialization	2 years	30
A16	41	Social Services	Specialization	6 years	100–150
A17	40	Social Services	Specialization	Ten years	280

Instruments or materials

The instrument used was the focus group, whose script consisted of sociodemographic and participant identification data, in addition to guiding questions regarding their experience over the meanings and ethical dilemmas attributed to the HV. The focus group was chosen because the researchers of this study understand that it is a data collection instrument that provides a privileged space for discussion, construction of new narratives, exchange of experiences, and identification of individual and collective meanings (Flick, 2013).

Procedures

The research was approved by the Ethics Committee for Research with Human Beings of the Federal University of Santa Catarina (*Universidade Federal de Santa Catarina* [UFSC]), protocol number 2.320.439. Data collection was carried out at Paefi's offices, in a room where the

secrecy and confidentiality of the information could be ensured. At the beginning of the three focus groups, the researchers introduced themselves, explained the objective of the study, handed the Informed Consent Form to each participant, read it aloud, signed and collected their signatures in two copies, so that each person got a copy of the Form. It is noteworthy that, to carry out the focus group, the researcher underwent a training, along with the supervisor and two researchers with experience in this methodological proposal, who evaluated the script of questions to verify if they met the research objectives. It should be noted that, in the focus groups, two observers participated, who were psychologists and researchers, and they were invited to contribute to data collection.

The data were organized and analyzed inductively, as, according to the CGT, the categories and subcategories emerge based on the collected data. In the initial stage, word by word, line by line, or incident by incident coding was performed. For Charmaz (2009, p. 16), coding means associating markers with data segments that represent what each segment is about. In the second stage of data analysis, named focused, the codes were matched with those of the same marker, which were raised to subcategories and, later, to categories. Data were coded using the Atlas.ti software, version 8.4. With this analysis process, a central category was built, as well as three subcategories, which evidenced the meanings and experiences of Paefi professionals in HV (Figure 1).

Figure 1

Main category, subcategories, and analysis elements
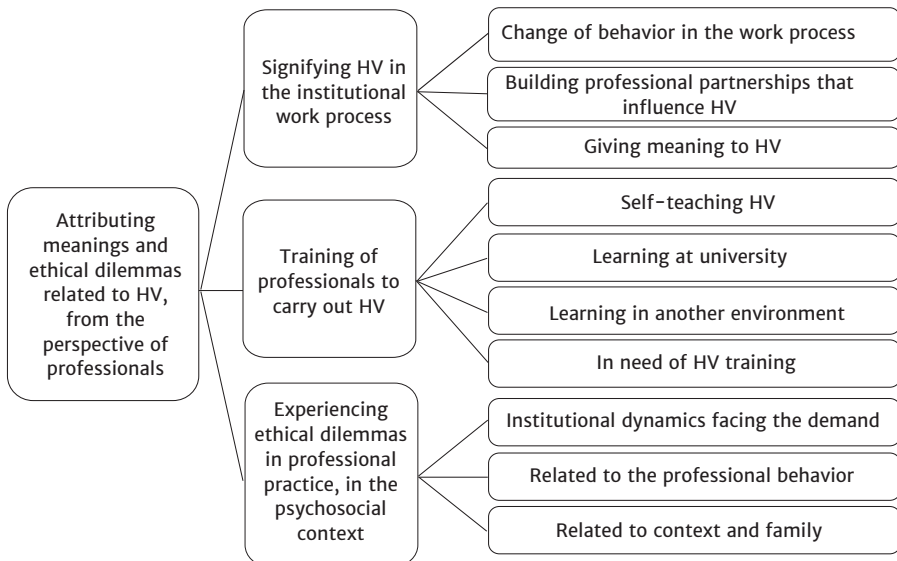
Results

The data, organized into a central category and three subcategories, present elements of the meanings and feelings attributed to HV by technicians about the training and subsidies provided to professionals in order to carry it out and the ethical dilemmas arising from the institutional context and the context of vulnerability.

Signifying home visits in the institutional work process in the light of training

This subcategory gathers data on the meanings and feelings attributed by professionals to HV and practices and work processes involved in it. Research participants, especially those who have been civil servants for over five years, addressed the issue of the epistemic change in their know-how resulting from the PNAS and Suas. Therefore, the interviewees pointed out that, in the old social assistance policy, technicians worked in a police logic, in a position of control, reflecting, in the HV, a practice whose objective was to inspect people. In this sense, the arrival at the users' homes happened as a surprise, and there was a lack of planning for its performance. In addition, they showed that the previous practices of the professionals were combined to that of the police and the CPS, so that they had the power to decide and determine the action of the police and firefighters. With the change in the social assistance policy, the professional had to adapt to new epistemologies and work processes, which implied theoretical-methodological and practical changes.

In this new policy, the assistance provided by Paefi came predominantly forwarded by the CPS, with some being judicialized, that is, determined by the Judiciary. These requests for assistance came through a screening form, entitled "referral guide", carried out by the referring agency, which contained the complaint with the violence. It should be noted that the Paefi work process was organized in such a way that each family was followed up by a team of two professionals, consisting of a psychologist and a social worker, who had the work team and the service coordination as their institutional backup.

Teamwork was evaluated by the interviewees as important, since it reduced anxiety, contributed to the mental health of professionals and expanded their reflections on the monitored families. Similarly, working in pairs with a psychologist and a social worker was qualified as necessary, as the professionals supported each other, welcomed each other, shared feelings and responsibilities, reflected together on the care, learned through exchanges and made decisions based on the unpredictability that arose. In this sense, the partnership was identified as a joint work in which there are complementarities and exchanges. They reported that working in pairs is a process of constant construction, which requires flexibility, common sense, and awareness of the communication process between the partners. The participants reported that, during the visits, they needed to pay attention to the user and their pair, and that, at these times, the professionals understood their partner's reasoning, through the questions and points mentioned, and, thus, followed along the same path. In case they did not understand, they would silence themselves until the colleague allowed them to state their opinions. About this, A8 states:

> The person gets to know the partner better and better and, then, they know the moment to speak, stay quiet, they already know that something is being done at that moment of visit, that other person will do better because they have already done it in other opportunities. "This part here, I already know". But they do not need to tell you, you will know that by now. So, it is being built and you already know where it is going to lead, what they are thinking, sometimes even the next question they are going to ask. [...] There are people who find it easier to work. There are other partners that already have more difficulties. But you must always pay attention to the user and your partner (A8).

In turn, the professionals stated that working in pairs, even though it is important, is difficult, as they were used to a logic of individual work and by professional category, and, because of this, they sometimes worry about not invading the space of the other. It is noteworthy that the professionals mentioned that, at times, the approaches and interventions were mixed in the sense that sometimes one professional did the work of the other.

Participants also pointed out the differences in psychosocial care during HV between the two professional categories. For them, the psychologist observes more the route to the house, the neighborhood, and less the residence; moreover, psychologists focus their attention on the user and assemble a "puzzle" about the dynamics of the family, considering its intergenerationality, the micro issues of the context, and the subjectivities of the people and families assisted. In relation to social workers, it was shown that they are more pragmatic, pointing directly to what needs to be changed and paying less attention to subjectivity. For the participants, the social workers focus their interventions on providing guidance on family rights related to work, family income, access to health and education services, and daily care for children.

HV were understood as a work tool that, depending on the family, can be the most important resource. Through it, the professional gets closer to the reality of the family, being, in this sense, a strong instrument to guarantee their rights. They showed that HV need to be used with care, since it is performed in the family's privacy space, unknown by the professional, and a neighborhood that is, sometimes, vulnerable and violent, which characterizes it as unpredictable. Furthermore, it was pointed out that each service, from the various care networks, performs the HV in a different way, given the specificity of each institution.

The professionals reported that the meaning given to the HV by the families visited depends on a series of factors, such as the way the visit was carried out by other services, such as the CPS; the waiting time at Paefi; the existence or absence of explanations about the reason for the visit; the bond built with the professional; and the moment of the rendering of the service. Furthermore, the signifying of HV is influenced as families and neighborhoods confuse the Paefi team with the CPS and associate it with the police. Therefore, professionals reported that most people do not like or do not want the visit, some are embarrassed, uncomfortable, and apprehensive when professionals arrive at their homes. According to the participants, some families believe that their home and way of living will be evaluated during the HV, which can generate fantasies, concerns, and anxiety about the consequences of this practice. Next, there is one of

the statements of a user, reported by the professional, who shows their concern with the HV: "Are you taking notes to use them in the report? To send them to the judge?" (A4). Other families, especially those who have been judicialized, invite professionals to show their houses and the changes that have been made in it, so that they do not suffer any losses.

Besides this association between the professionals and the CPS, these feelings presented by the families can also be related to the community context, as they are afraid to have these professionals visiting them due to the consequences of drug trafficking, because they do not want the police or CPS in the neighborhood, or even due to distrust of what the family will tell the professionals. It was also pointed out that there is an embarrassment of families in the community context due to the presence of professionals and the social assistance car since the community representation is that the family failed to provide care and that the CPS and Creas is going to help, punish or inspect, which enhances the family's understanding that the service has a negative character. Therefore, some families ask professionals not to identify themselves in the community and not park their cars in front of their houses.

The participants reported that some families understand the importance of monitoring and that, when they establish bonds with the reference technician, they suggest, enjoy, demand and feel comfortable during the HV. Some families calmly receive the HV, as they feel welcomed and cared for.

Regarding the mental health of professionals, it was described that working at Paefi affects them in their personal context, in the sense that violence and vulnerability make them emotionally sensitive.

> [...] most people have with very cruel realities, so you feel impacted. There's no way you can sit at your dinner table, have dinner, and remember that that family is asking for the basics. There were four, five kids... it's hard. For me, it is (A10).
>
> [...] there was a time in which I left everything here at the gate. I used to go home and shut off, I could do that. Now that I'm older, I cannot do it anymore. I drift away, sometimes I wake up in the middle of the night and I think about some situations (A7).

Regarding their feelings during the HV, the professionals pointed out that they feel impacted by the contexts of the families being "cruel" (A10) and worse than they imagined. They emphasized that, during the visit, the professional deals with unpredictable and experiences family "first-hand" vulnerability (A10), since the demands met are "difficult, sad, painful, gut-wrenching" (A17), especially when professionals put themselves in an empathetic position, feeling the pain of the other person. Aside from that, there are the embarrassment and frustration of being the representative of the State, seeing the socioeconomic conditions of the families and not being able to guarantee their basic rights. In this sense, respondents reported that HV cause exhaustion and physical and emotional wear.

In this scenario, the use of HV as an instrument requires "attention, resourcefulness, performance, acumen, and persuasion from the professional" (A15). Thus, the professionals presented strategies for not becoming ill in the face of these feelings and emotions emerging in the context of the visit: a) believing that the reality of the family is more impacting for the professional, as the family is already used to their own context, b) eating when returning from the visit, c) not scheduling any appointment after the visit, d) having omnipotent thoughts in the community context, as A4 points out: "we think we are wearing a bulletproof vest".

Even in the face of so many challenges to carry out the visit, it was evaluated by the professionals as effective, as it has planning and guidelines and complies with the objectives proposed by the professionals, such as seeing and better understanding the family and community context and accessing the family support network. In addition, the visit was considered effective as, without it, it would be difficult for the professional to follow up on the families.

Professional training on home visits

In this subcategory, data on the training of the professionals and the information they received and served as subsidies for the practice of HV in the context of Paefi will be presented. The participants reported three main ways of learning how to carry out the visit, which were: 1. at university, 2. self-teaching, and 3. in another environment.

Specifically, of the seven psychologists participating in the research, six reported that they did not learn about HV during their undergraduate programs; among them, a woman reported that she was taught that it was a specific instrument of the social worker. A psychologist, who studied at a private university, said that she learned and paid a visit due to an extension project of one of the professors of the Psychology program and her master's degree in Education.

Of the ten social workers, nine reported that, at the Social Services program, they learned and carried out HV. Professionals who learned to visit at university reported that it occurred in a limited way, in a course in which they were taught to observe, act, and carry out social studies through the collection of information with the family. Some also learned in a curricular or extra-curricular internship. It should be noted that one of the professionals, A13, reported a negative experience in the internship: "my internship experience was horrible, in the sense that I was very embarrassed to enter that household without feeling welcome".

According to what was learned about HV by the social workers in their undergraduate programs, the participants reported that they had to adapt this knowledge to use it in the Paefi context, as they had learned to carry out the socioeconomic survey or follow a predefined script. In addition, one of the social workers reported that she graduated in the 1970s, and that, at the time, according to the current care policy, the practices of the professional and the way to carry out the visit was through inspection, which differs from the current policy.

In this sense, for the participants, learning and adaptation about HV occurred mainly in Paefi, through practice, as the technicians observed their colleagues and partners and "copied" or "ruled out" the ways of performing HV. They also reported that the professionals used to

exchange experiences, talk, and explain to each other what is said, what can and cannot be done during the visit. Psychologist A10 reported that she learned about home visiting "through a trial-and-error approach". They also reported that they learned to visit by reading peers' publications about HV and from experience in other services. The lack of HV-related materials in the SSP context was pointed out, mainly because the existing ones are related to manuals and scripts.

Experiencing ethical dilemmas in professional practice

This subcategory sought to bring together the ethical dilemmas experienced by professionals considering the meanings attributed to HV and training for their practice. Professionals, when asked about ethical dilemmas, stated that they sometimes become accomplices of the State, which, under some circumstances, was considered the main violator of rights. Regarding this, the participants pointed out that the families have already experienced negligence and that they were assisted by various state services and, therefore, as reference technicians, they need to reflect on whether they would or not commit a new violation of their rights by carrying out the visit. About this, A11 and A9 state:

> I think that this ethical dilemma that A10 mentioned, sometimes it was families that had been so invaded, so many services they have already attended to, often it is the State that is neglecting this family. I go there, and what can I offer what to this family most times, right? Take a good look at the dilemma, is it worth going there for one more visit, demanding more from this family than what has already been demanded? (A11).
>
> What A11 said to me now makes a lot of sense. You go there on behalf of a State that is the main violator, it is the main violator, what are you going to do? You have to think carefully if it is worth paying this visit. Then I fall into that thing about the goal, what am I going to do there? This is a very sensitive thing (A9).

Another ethical dilemma presented was the absence of effective public policies related to housing policies:

> They [the family] did not have a bathroom in the house, a matter of the housing condition, not having drinking water, a shower, a toilet actually there. So, how do you file a complaint, you require a certain attitude from this family, when they don't even have the conditions to provide this condition? (A3).

Paefi's relationship with Justice was also considered by the participants another institutional ethical dilemma, as it constitutes a bias in the construction of assisted families and community bonds. Professionals pointed out that, in most cases, families confuse the CPS with Paefi and associate the service with the police and the court. In this sense, as pointed out by A2, the professionals are the "State saying: we are here because some agency has determined that you are assisted", and this leaves the technician in an uncomfortable position. In addition, the participants emphasized that the way the CPS contacts families makes a difference, as it will transfer this relationship to Paefi.

In line with this institutional dynamic and according to the participating professionals, families sometimes omit information out of fear of the consequences. About this, A8 states:

> … so it's a hide-and-seek game where they end up hiding some information, and our part is to undo it, explain what the purpose of the work here at Paefi is and take down these defenses that they already put in place. So, they keep some family secrets too, because for most families we are not trustworthy. Trustworthy in the sense that "about what I'm telling them, what are they going to do with that information? Will they use it to take my child away?" (A8).

Therefore, families know that their report to the professional can be recorded in the record or report and sent to the court or CPS, which was considered an ethical dilemma, since the use of these two records can have, consequently, large proportions, such as taking the child away from the family. From the records in the context of Paefi, it was mentioned that the nuclear family has the right to access and that there is information of various family members that may be in conflict with each other, as in the case of families in litigious divorce. Besides, they stated that this instrument may be used in the hearings, and even the lawyers can have access to it, which may compromise the secrets reported to professionals during the visits.

While it was pointed out that access to the medical record is a right, it was indicated that it should be kept confidential, as the detailed record helps the professional to understand the case. From this perspective, the professionals said that, in view of this dilemma, sometimes they keep the details and perceptions of the visit in mind, as writing on paper generates an ethical conflict.

The reports were also presented as an ethical dilemma, as the Judiciary demands professionals to carry it out. One of the professionals reported that she wrote a detailed report, so that other technicians did not need to access the family, thus, preventing them from repeating the narratives of the violence they had experienced and not being revictimized. On the day of the hearing, however, the prosecutor projected the report on the wall and read it to the audience. Considering this context, in order to build a bond with the families, the professionals informed them that Paefi corresponded to an institution apart from the CPS and the court; in addition, they clarified that the information provided by them would be described in the report to be sent to the Judiciary and/or the CPS.

The interviewees' narratives evidenced ethical dilemmas related to the attitude of the professional, in the sense that it varied according to the understanding of how to conduct HV by the professional. Some of the attitudes perceived through the statements of the professionals were respect and otherness, protection of rights, and inspection.

Regarding respect and otherness, the participants identified empathetic and respectful behaviors regarding people and their homes. These two attitudes correspond to a way of relating to the family, such as explaining to them the reason for the visit, asking if they agree with it, and scheduling it.

In case it is impossible to schedule the visit, the professionals stated that they approach the family carefully and explain the reason for the HV in order to ensure an ethical and respectful

practice. Accordingly, it was pointed out that the way professionals enter the context of the family makes a difference in defining the type of bond that one wants to build with them. In this sense, going to the person's house and being allowed to enter can contribute to the bond of trust. Through this, one of the professionals pointed out that, for HV, the professional needs to be prepared, defining a goal, reading their records, and being open to observe and find new situations.

The professionals pointed out that the attitude of respect and empathy permeates the understanding that each family and technician has a conception of hygiene and organization of their own households and that the professional needs to avoid reproducing their own standards. The participants also indicated that the technician should use their sensitivity to feel how far they can go regarding their conversations with the family about this topic, reflect on whether their behavior is invasive since there is a fine line between being invasive and being a guest, due to the fact that they are in another person's private environment.

> In relation to the visit…, it is not a code of ethics, but ethics of life, ethics of the moment I am heading towards, I am being invasive. My concern is this, not to be invasive and not to create more violence, not to cause more violence. This is the ethical conflict I have regarding home visits (A14).

Regarding the service, the participants consider it respectful for the professional to think about the family and not exclusively about the complaint filed and violation referred by the CPS. In this sense, psychologists and social workers pointed out that it is interesting for the technician to wait for the family's own time in case they do not want to talk about the complaint at that moment, because, at some point, they will be able to bring elements of that situation.

In addition to respect and alterity, another practice identified, through the participants' narratives, was that of guaranteeing the rights and protection of the people being assisted. In this sense, one of the interviewees pointed out that the priority of the Paefi team is to stop violence and violation of rights, especially against children and adolescents, which can be done through HV. About this, A8 and A7 say:

> Children and adolescents have their rights violated, and they are not able to leave their houses and talk about what is going on, so the professional needs to come in to find out what is happening (A8).
>
> The professional will be invasive if it is to protect a child (A7).

Also about this, the participants pointed out that, in order to guarantee rights, professionals can respect the family to a certain extent, making it clear that there is a limit between respect and guaranteeing rights.

Another practice identified is the one the professional assumes in the face of a request from Justice and the CPS to monitor the families, as, according to the participants, these institutions have an expectation of inspection, monitoring, and control practices with the families. In this sense, the technicians reported that there is a clash between what these services demand

and how professionals would like to behave in relation to the families, something that, according to them, can generate an identity crisis in the worker. It was pointed out that the dilemma is between responding to what is judicially requested and being careful not to be invasive, causing more violence and being an instrument of State control.

The participants' narrative also evidenced a police behavior of the professionals in HV, which is based on thoughts such as: "you cannot trust most families [...], and they have secrets" (A8), "where there is smoke, there is fire" , "those who are visited are due to a complaint, there is something behind them", "there are families that try to mask it all the time", and "families lie a lot" (A7).

In addition to the dilemmas related to the attitude of the professional, it was possible to highlight contextual and family ethical dilemmas in HV. In this sense, the beginning of assistance at Paefi occurred mainly due to demands sent by the CPS and the Judiciary, through a referral guide, with a confirmed complaint or a suspicion of violation of rights. Professionals reported that some complaints that were reported in the referral guide were false or narrated in a moralistic, exaggerated, poorly contextualized manner, and, sometimes, the situations did not correspond to the family's reality.

Respondents reported that the request for assistance, through the complaint, was only the gateway to follow-up, since, when accessing the family, other violations and vulnerabilities were identified. In some circumstances, for the family, their own needs were more urgent than those reported in the complaint. It was evident that sometimes this created a dilemma for professionals, in the sense that the family wanted to talk about other issues, however, the responsibility to resolve the demand left professionals in "shock" (A3) between the request and what they thought that would need to be done, and sometimes, due to the urgency, they focused on what the family needed instead of on the complaint.

About ethical dilemmas in the community context, the professionals brought up the difficulty of secrecy and discretion, as they point out: "I am being interviewed at home, and the neighbor is listening through the window" (A8), "I have had situations in which the whole neighborhood was outside my window to gossip on what is happening" (A7). Another relevant ethical dilemma presented by the interviewees is the relationship between the practice of HV and the influence of drug trafficking on the social organization of the community. Professionals pointed out that people linked to drug trafficking can represent a force of protection and care within the community, in the same way that they can be a force of oppression and violence. In this sense, it is necessary to be cautious when evaluating the way the work is carried out. Sometimes, for example, there are "barricades" installed by drug traffickers in the neighborhood, leaving the professional at a triple crossroad between being protective of the family in guaranteeing their rights, carrying out the judicial order for assistance, and being limited by drug trafficking.

Discussion

Signifying home visits in the institutional work process in the light of training

The professionals presented the transformations in their know-how in the context of Paefi due to the implementation of the Pnas in a similar way to the data found in this study.

Regarding this, Cruz and Guareschi (2014) bring to light the epistemic change in Brazilian social assistance policy and claim that this meant a reform of the care model. In this sense, it was possible to evidence a profound change in the care policy, which required, mainly, a restructuring of the practice and professional behavior.

The data showed that the services provided by Paefi occur in an interdisciplinary way, in other words, it consists of two professionals (partners), a psychologist and a social worker, as recommended by the Suas' Basic Operating Standard for Human Resources (*Norma Operacional Básica de Recursos Humanos do Suas* [NOB-RH/Suas]) (Brasil, 2006) and addressed in the study by Jorge (2015) in the sense of the importance of the care being provided by a psychosocial part-nership between two professionals. The narratives also meet the results of the study by Jorge (2015) in the sense that the interdisciplinary work at Creas consists of a horizontal movement of working together, mainly because it involves complex themes related to violence and social vul-nerability; in view of this, the interdisciplinary practice between psychologists and social workers contributes to expanding the knowledge of the professionals. As a complement to the research findings, the CFP (2012) emphasizes that psychosocial intervention is a new way of working that, through specific knowledge of each professional category, takes place from an expanded reading of the context. Specifically in the field of psychology, to a certain extent, the data are in line with the technical reference document published by the CFP (2012), since, in psychosocial work, psy-chology aggregates aspects of the subjective field related to family and contextual relationships.

Based on the data, it was possible to identify that, by checking the complaint and veri-fying the violation of rights, the SGD refers families to the Paefi service. This piece of data is consistent with documents of the state of Rio de Janeiro (2013), the CFP (2012), and the research by Lima (2011), since most families followed up by Paefi came from referrals from the SGD, mainly through the CPS, which requires HV. Given the mandatory visit, professionals pointed out that users have a series of feelings about HV, such as embarrassment, discomfort, apprehension, and fear, which is in line with the research by D'Avila (2018), as visits were understood by fam-ilies as a form of collection, inspection, and evaluation, mainly because they are linked to the CPS and the Judiciary. D'Avila (2018) also points out that the way the workflow is set generates anx-iety in the family due to the possibility of institutional care for children, which ends up harming the family in overcoming the violence.

Regarding the feelings of the professionals, the data found are in line with the studies by D'Avila (2018) and Dias et al. (2019), since the context of vulnerability and the institutional context of SSP can be generators of psychological distress and illness in professionals, as the technicians routinely deal with situations of violence and professional impotence. It is in line with D'Avila (2018), in the sense of the importance of building institutional strategies that are part of the work process for professional care.

In this study, the statements of the professionals are emphasized in the sense that each service conducts the HV in a different way. These data are in line with other studies, since each institution, whether in the social assistance, health, education, or guarantee of rights system, is

part of a point of a specific network, which has different assumptions, objectives, and demands, generating unique attitudes, practices, and dilemmas. In this sense, although the common features are recognized, the specificity of carrying out a HV in the context of SSP is ratified.

Professional training on home visits

Based on the analyzed data, it was possible to identify a lack of qualification of psychology and social work professionals in terms of academic training and continuing education, which should be offered by the service itself, to carry out the HV in the context of Paefi, leaving them with the responsibility of getting ready for the use of such instrument. Faced with this situation, the strategy used was self-teaching, in which one learns by doing and/or adapting knowledge according to a better understanding of such practice. These data, in the context of Psychology undergraduate program, are supported in the studies of Lima and Schneider (2018) and Ribeiro and Guzzo (2014), as, for these authors, there is a deficit in the training of professional psychologists, resulting in the lack of preparation when they start working in social protection, ignoring the principles of the social assistance policy, its ethical-political perspective, and its understanding of interdisciplinary work. Also in this direction, Faleiros et al. (2019) point out that psychologists, in the context of basic social protection, do not want to work in this policy and hope to carry out an exclusively clinical practice. This is further enhanced in the study by Scott et al. (2019), in the sense that HV, in the Cras context, were predominantly carried out by social workers. In this sense, it is corroborated by Lima and Schneider (2018), Ribeiro and Guzzo (2014), Faleiros et al. (2019), and the CFP (2012) when they point out that one of the challenges is the restructuring of the academic training of psychologists, in order to meet the new realities of the professional field, including the social assistance policy.

In a similar manner to the context of psychology training and research data, Dias et al. (2019) point out that there is a lack of knowledge and unpreparedness of the social worker and other professional categories for work in social assistance policies. For these authors, professionals are not trained for three main reasons: 1. due to the recent creation of Suas, lacking a previous system to guide the construction of this new work model and professional profile, 2. due to the fact that the performance models for this policy are still under development, and 3. due to the academic training, which is not preparing the professional to work in this context. Faced with this scenario, it seems that the practice of social assistance policy professionals is strained by the absence of theoretical-methodological references, which can cause burnout, given that they do not have adequate preparation and experience countless ethical dilemmas.

Experiencing ethical dilemmas in professional practice

From the scenario that involves a new assistance policy, lack of adequate training, and new professional practice in vulnerable neighborhoods, technicians experience, in the context of Paefi, numerous ethical dilemmas and seem to be insecure in the face of institutional, community, and family demands.

Regarding institutional dynamics, the professionals brought, as an ethical dilemma, the position that Paefi occupies in the flow of assistance, which, at the same time, is considered, by the SGD institutions, a state agency, and by the assisted families, a representative of the State. At this point, there is a dilemma because, while these professionals represent the State and are trying to guarantee rights, sometimes the greatest violator of rights is the State itself, in the sense of social negligence. These data are consistent with Pereira (2019) in the sense that the State proposes strategies to guarantee social rights and, at the same time, it sometimes neglects the conditions of existence, especially of the poor, black, and peripheral population.

Also, in relation to Paefi's position in the institutional flow, even though this is in the social assistance policy field, its practice lies between the court, which is part of the SGD, and the assisted families' wishes in a context of vulnerability. These data are in line with the research by Dias et al. (2019) and D'Avila (2018), since, on the one hand, several users did not attend the service even with the team's attempts to maintain the bond through HV; and, on the other, there was the justice system, which demanded that these people were assisted and prevented users from being dismissed, even though the technicians had already carried out several actions to reestablish their case. In this sense, for D'Avila (2018), the effort of technicians to create mechanisms that encompass the assumptions of the assistance policy, the demand of the justice system, and the wishes of users was evident. Therefore, it is identified that, within this system, the team does not have any autonomy, since it is subject to this flow, which may cause a professional identity crisis, as already mentioned. For Dias et al. (2019), this dynamic makes professionals feel lonely in deciding whose demand to respond: the Judiciary, the policy, or the user? This question seems to refer to another: what is the limit between the guarantee of family autonomy and the guarantee of rights in the face of violations?

Paefi is in the interstice between the political, institutional, and user dimensions, pressing professionals to position themselves regarding HV, who can, mainly, present a behavior of respect and/or inspection. These data are consistent with the literature, in which, on the one hand, during visits, professionals must respect family privacy and schedule the visit, disorganizing the family's daily life as little as possible (Amaro, 2014; CFP, 2012), and, on the other hand, in the study by D'Avila (2018), in the context of social protection, HV are rarely scheduled, so that professionals arrive by surprise. Besides, there is fact that, sometimes, the role of Suas' basic protection professionals is to inspect things, aimed at hygiene (Santos & Heckert, 2017). It is evident that the inspection attitude of the team is possibly related to the referral's police position, the history of the assistance policy having an assistencialist and punitive nature, and the absence of materials and training on conducting the HV.

About the reports, the data showed that its completion is mandatory since the cases are judicialized. These data are consistent with D'Avila (2018), Lima (2011), and Péres and Moré (2021) in the sense that, when the family does not adhere to the service or when it is closed, it is necessary to inform the requesting agency so that the necessary measures are taken. From the

report, it is possible to see the police power given to the Paefi team, which compromises the attempt to build a bond.

Regarding the ethical dilemmas that occur in the community context, the data showed that what was being demanded from Paefi was exclusively related to violence and in a static way, disregarding all the complexity that involved the family in its vulnerable context. This is in line with the research by Lima (2011) in the sense that, in one of the cases analyzed, the request, demanded by the Judiciary, was negligence, but when the professionals started the service, they identified other needs, such as the mother's drug abuse, the father's psychiatric disorder, and their precarious situation due to socioeconomic status. Through this ethical dilemma, it is evident that the main request to Paefi is linked to a series of other social and health demands, and, in this sense, the professional needs to decide on where to start the service.

Another community ethical dilemma presented by professionals is related to the representations that neighbors have about the families assisted by Paefi. This finding is in line with the study by D'Avila (2018), as this author points out that neighbors occasionally stand at their gates to observe the approach, and, in this sense, the families state that, besides being surprised when the professionals arrive, they feel exposed in the neighborhoods where they live.

Regarding the considerations presented, it is observed that workers, in the context of special social protection, deal daily with: 1. vulnerable demands and people's suffering, 2. violent community contexts, 3. high emotional demands, 4. waiting list of families to be assisted, 5. lack of adequate training, 6. a demanding interinstitutional flow that causes biases for understanding the family dynamics and for the construction of the bond, 7. being subject to the flow and powerless to resolve some demands, 8. people who did not want or were afraid to be followed up, and 9. professional identity crisis. This set of elements leads to numerous ethical dilemmas, difficult decision-making, and the possible illness of the team. These data, to a certain extent, corroborate Schmidt (2013), since technicians, when working in contexts that require high psychological demand, added to the low control over their work, are likely to present physical and psychological illnesses resulting from stress, given the high physical and emotional strain.

Final considerations

This set of data and discussions presented configured the central category "attributing meanings and ethical dilemmas related to HV from the perspective of professionals", which showed that Paefi is at a triple crossroad between the services that make up the SGD, the families assisted, and the community context. Each of these axes has different demands and expectations from the professionals who, in order to guarantee service and respond to all the requests of those involved in this process, try to balance it as best as they can. In the SGD, there is a request for inspection related exclusively to complaints and violence, which enhances, in the professionals, an inspection attitude. At the intersection point where the family is located, there is a request for care, confidentiality, and respect for their autonomy and wishes. At the point where the community context is, there is an implicit request for care given the social vulnerabilities and

the imposition of limits by drug trafficking and the community context. It is in this perspective and considering the principles of social assistance policy that professionals need to make decisions and provide care.

Besides this, there is the fact of the recent epistemic change in the social assistance policy, which requires new know-how and a new professional approach, as it moved from an assistencialist logic to a logic of strengthening autonomy and citizenship. This epistemic shift encompasses conceptual, theoretical, and practical elements. It is noticed that these policy changes were not followed by undergraduate programs in Psychology and Social Services, or even by the Ministry of Social Development, leaving the task of learning how to use social assistance instruments, such as HV, to the professionals. This implies experiencing and learning the difficulties and dilemmas that are part of the visit in their practice, which can sometimes put the life of the professional at risk and result in inspection behaviors.

The different contexts with ambivalent requests, the epistemic change in care, the lack of training on HV in the context of the SSP, together with the duality experienced by Paefi professionals in being, at the same time, representatives of the State and accomplices to the violation of social rights, make them live with ethical dilemmas every day, which implies reflecting and making a decision on the articulations between personal, professional, and community ethics in view of their possible consequences.

From these remarks, in a community context of social vulnerability that impacts and an institutional context that generates impotence, suffering and crisis emerge in technicians. Therefore, there is an urgent need for 1. organization of the work process to resolve the ethical dilemmas experienced daily by professionals, 2. including HV in the context of Paefi and the ethical dilemmas in the curriculum of Psychology and Social Services undergraduate programs, 3. institutional spaces to train technicians on professional practices, especially HV, 4. reorganization of the institutional flow, especially the request and the way it reaches Paefi.

It is considered that the limitations of the study concern the absence of publications focused on HV, being used for the discussion of gray literature, such as theses and dissertations. Another limitation refers to the fact that data collection was carried out in a municipality in Southern Brazil, and, in this sense, considering that the contexts are unique, the meanings of HV and their achievements by professionals may vary in different locations of the Brazilian territory. Thus, research on the meanings and ethical dilemmas of HV in different Brazilian contexts is necessary, especially after considering the gaps in the production of knowledge in the context of psychosocial care.

Furthermore, there is a need for institutional spaces that enhance interdisciplinary psychosocial care, that question the ethical dilemmas experienced by the team and that provide the tools to help professionals carry out HV.

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