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THE CHALLENGES AND PERSPECTIVES FOR THE EFFECTIVE GRANTING OF THE CONTINUOUS BENEFIT (BPC) FOR PEOPLE DIAGNOSED WITH AUTISM SPECTRUM DISORDER (ASD) IN THE MUNICIPALITY OF SÃO FRANCISCO DO BREJÃO – MA

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ABSTRACT

The Continuous Cash Benefit (BPC) is an assistance right provided for in Brazilian legislation that guarantees a monthly minimum wage to the elderly over 65 years of age or with disabilities, provided that they are in a situation of social vulnerability, without the need for prior social security contribution. This article analyzes the challenges and perspectives for granting the BPC to people diagnosed with Autism Spectrum Disorder (ASD) in the municipality of São Francisco do Brejão, Maranhão. Initially, the legal and theoretical framework regarding the right to social assistance and to people with disabilities is contextualized – including the Federal Constitution of 1988, the Organic Law of Social Assistance (LOAS, Law No. 8,742/1993), the Berenice Piana Law (Law No. 12,764/2012) – as well as contributions from jurists such as Marcelo Neves and Menelick de Carvalho Netto regarding the effectiveness of social rights. Then, the concrete obstacles faced in the local reality for access to the BPC by families of people with ASD are examined, such as bureaucracy, lack of information, difficulties in interdisciplinary assessment of the condition and institutional limitations of the municipal CRAS. Hypothetical examples and critical analyses are presented illustrating gaps between formal law and its implementation. Finally, measures are proposed to improve access to the benefit – from administrative improvements and training to public awareness policies – outlining future perspectives to ensure that people with ASD in São Francisco do Brejão can fully enjoy the BPC.

Keywords: Continuous Cash Benefit. Autism Spectrum Disorder. Right to Social Assistance. Enforcement of Rights.

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INTRODUCTION

Social assistance, in Brazil, is constitutionally guaranteed as a citizen's right and a duty of the State, intended for those who need it, regardless of prior contribution (art. 203, CF/88). Among its objectives, the guarantee of a monthly minimum wage to people with disabilities and the elderly who prove that they do not have the means to provide for their maintenance stands out, based on the Continuous Cash Benefit (BPC), provided for in the Organic Law of Social Assistance (Law No. 8,742/1993). With Law No. 12,764/2012 (Berenice Piana Law), people with Autism Spectrum Disorder (ASD) are now recognized as people with disabilities for all legal purposes, guaranteeing them access to the BPC in situations of social vulnerability.

Despite the legal framework, the realization of this right, especially in small municipalities such as São Francisco do Brejão (MA), faces significant challenges: excessive bureaucracy, lack of information for the population, lack of specialized diagnoses and barriers. This scenario reveals a mismatch between formal law and its practical application, characterizing the phenomenon of "symbolic constitutionalization" (NEVES, 1994). Authors such as Menelick de Carvalho Netto also warn of the inadequacy of uniform criteria of miserability, advocating social protection that considers individual needs. The general objective of the work is to analyze the challenges and perspectives for the implementation of the BPC for people with ASD in the municipality of São Francisco do Brejão. Specific objectives include: contextualizing the right to BPC in Brazil; map the practical obstacles faced in granting the benefit to autistic people in the municipality; and present proposals to expand effective access to the BPC. The justification is based on the social relevance of the theme, given the vulnerability of low-income families with autistic people, and on the academic importance of verifying the effectiveness of social rights.

The methodology used was bibliographic and documentary research, analyzing the pertinent legislation, academic literature and available public data. Due to the scarcity of specific local statistics on ASD, hypothetical data were used to support the discussion. The work is structured in three sections: Theoretical Foundation (legal and doctrinal frameworks), Development (analysis of practical challenges in the municipality) and Proposals and Perspectives (suggestions for improvements), culminating in the Final Considerations that highlight the need for effective action by the State to realize the rights of people with ASD.

THE BPC AND THE RIGHT TO SOCIAL ASSISTANCE IN THE BRAZILIAN LEGAL SYSTEM

Social protection for needy individuals is inscribed among the fundamental social rights of the Federal Constitution of 1988, in the chapter on Social Security (articles 194 to 204 of the Federal Constitution). Social assistance in particular is defined in article 203 of the Federal Constitution as a policy aimed at those who need it, with objectives that include the habilitation and rehabilitation of people with disabilities and the promotion of their integration into community life (item IV) and the guarantee of a benefit of a monthly minimum wage to the needy elderly and people with disabilities (item V). It is a right of a social assistance nature, provided regardless of contributions, thus differing from social security benefits.

To regulate these constitutional precepts, the Organic Law of Social Assistance (LOAS) (Law No. 8,742/1993) was enacted, which established the Continuous Cash Benefit (BPC) in its article 20. Under the terms of the LOAS, the BPC consists of the guarantee of 1 (one) minimum monthly wage to the elderly person (aged 65 or over) or to the disabled person, of any age, who prove that they do not have the means to provide for their own maintenance or to have it provided by the family. The legal criteria for granting the BPC include: (a) being an elderly person aged 65 or a person with a long-term disability; (b) not be receiving any other benefit under social security; and (c) have a per capita family income of less than 1/4 of the current minimum wage. This last criterion seeks to define the situation of miserability or economic hyposufficiency, traditionally understanding that those who live in a family group with an income per person below 25% of the minimum are presumed to be unable to meet their basic needs. In 2025, for example, with a minimum wage set at R$ 1,518.00.

The person with disabilities, for the purposes of BPC, is conceptualized according to Brazilian legislation aligned with the UN Convention on the Rights of Persons with Disabilities (incorporated in Brazil with constitutional status). Thus, according to the LBI, the person with disabilities is conceptualized as follows:

> "Art. 2 A person with a disability is considered to be one who has a long-term physical, mental, intellectual or sensory impairment, which, in interaction with one or more barriers, may obstruct his or her full and effective participation in society on an equal basis with other people. (BRASIL, 2020, p. 1)."

Considering the concept presented, in the light of the Federal Constitution of 1988 and the Brazilian Inclusion Law, it is necessary to adapt not only the legal structure, but also the medical and social evaluation procedures used for the granting of the BPC.

Within the scope of the BPC, therefore, it is not enough to have a clinical diagnosis; It is necessary that the disability implies effective difficulty in living independently and for social inclusion, requiring care or support that justifies care protection. The evaluation for granting the benefit is currently multiprofessional and biopsychosocial, combining medical-expert examination and social evaluation, in accordance with Decree No. 6,214/2007 (BPC regulator) and with the innovations brought by the LBI. This joint assessment seeks to confirm the existence of the long-term impediment and its impact on the applicant's life.

The regulation of the Autism Law came from Decree No. 8,368/2014, which detailed aspects of the national policy, and more recently from Law No. 13,977/2020 (Romeo Mion Law), which instituted the Identification Card for Persons with ASD (CIPTEA) to facilitate the priority of care and visibility of this population. These complementary regulations reinforce the State's concern to identify and monitor people with ASD, including for the purpose of guaranteeing care rights. For example, CIPTEA, by providing an official identification document for the autistic person, can help families when seeking services and benefits, serving as proof of the condition in instances such as the INSS.

Still in the normative area, it is relevant to mention the recent inclusion of information on autism in official statistics. Law No. 13,861, of 2019, amended the legislation to determine the IBGE to insert questions about ASD in demographic censuses. This measure, in addition to recognizing the importance of quantifying the autistic population, aims to provide data to support more effective public policies. Until then, estimates of autism prevalence in Brazil were based on international studies (for example, the US CDC reference that about 1 in 36 children may have ASD). The lack of concrete data made it difficult to plan resources and services, including social assistance. With the census collection of information on ASD, it is expected to identify how many autistic people live in municipalities such as São Francisco do Brejão, their age group, socioeconomic condition, etc., which would allow the potential demand for the BPC and other programs to be measured.

EFFECTIVENESS OF SOCIAL RIGHTS: CHALLENGES IN THE IMPLEMENTATION OF THE RIGHT TO ASSISTANCE

Despite the protective legal framework outlined above, the realization of social rights – and the BPC in particular – faces structural and conjunctural obstacles that are widely discussed in the legal literature. Neves (1994) coined the term "symbolic constitutionalization" to describe situations in which constitutional norms, although formally advanced, were unable to produce substantial changes in social reality. In the Brazilian

context, several social rights (health, education, assistance) run the risk of remaining symbolic if there are no efficient implementation mechanisms. In the case of the BPC, we can ask: what is the legal guarantee of minimum income for people with disabilities in a state of poverty, if these people are unable to access the benefit due to bureaucratic barriers or lack of information? This discrepancy between the norm and the practice indicates flaws in effectiveness. Effectiveness, here, implies that the norm produces the desired effects, that is, that the potential holders of the right in fact are able to exercise it.

Netto (1994), an important constitutionalist, also addresses the tension between normative text and reality when analyzing the realization of fundamental social rights. In studies on the existential minimum and the reserve of the possible, Netto (1994) argues that the application of social rights should be guided by the principle of material equality and dignity, and not imprisoned by rigid standards that may exclude legitimate needy people. The doctrine of social rights argues that the granting of the BPC should consider individual needs, criticizing the adoption of fixed income criteria, such as the limit of 1/4 of the minimum wage, which can exclude families that, even slightly above this ceiling, are unable to meet the specific demands of a child with ASD.

According to recent studies, several factors still make it difficult for people with Autism Spectrum Disorder (ASD) to fully access the Continuous Cash Benefit (BPC). Among them, legal and regulatory barriers stand out, which include gaps or ambiguities in legislation. Until 2012, there was no standard that expressly recognized autism as a condition equivalent to disability.

Bureaucratic and administrative barriers are also a significant challenge, The effectiveness of the BPC depends on the operational capacity of the agencies involved, which is often compromised by the scarcity of human and material resources, especially in smaller municipalities. There is a lack of trained professionals in the Social Assistance Reference Centers (CRAS) and in the health units to carry out diagnoses, forensics and monitoring of the beneficiaries. In other words, as recommended by the LOAS (BRASIL, 1993):

> "Cras is the municipal public unit, with a territorial base, located in areas with higher levels of vulnerability and social risk, intended for the articulation of social assistance services in its territory of coverage and the provision of services, programs and social assistance projects for basic social protection to Families (Art. 6ºc, § 1)."

According to the Organic Law of Social Assistance (LOAS), specifically in Article 6-C, paragraph 1, the Social Assistance Reference Center (CRAS) is defined as the territorial-based state public unit, located primarily in areas with higher levels of vulnerability and

social risk. In this way, CRAS acts as a link between the citizen and the State, being a fundamental instrument for the realization of rights and the promotion of citizenship.

Added to this are the informational and awareness barriers, which consist of the population's lack of knowledge about their own rights. Many families with autistic people are unaware that ASD is recognized by law as a disability and that, in a low-income situation, it is possible to apply for the BPC. Even those who have some information about the benefit often don't know how to proceed. In more remote locations, such as rural areas of municipalities in the interior, the absence of public policies of active search prevents the government from identifying and informing eligible families, which aggravates social exclusion and hinders the exercise of the right to assistance (CAMPOS; SILVA, 2021).

In summary, under the theoretical light of social rights, implementing the BPC for people with ASD requires overcoming these multifactorial barriers. The Constitution and the laws created a legal basis that, in theory, integrates autistic people into the social protection network. However, the mere legal provision does not guarantee the enjoyment of the right. There is a need for strong administrative and political action to make the benefit reach those who need it. This involves everything from improving the infra-legal norms and evaluation criteria, to properly structuring the responsible bodies, as well as educating and informing the population about their rights. In the academic sphere, this theme invites a critical analysis of public policies (such as the SUAS) and reflection on the role of the Judiciary in correcting any omissions or distortions. Ultimately, as the doctrinaires point out, guaranteeing the BPC to people with autism is to give concreteness to fundamental principles – the dignity of the human person, the protection of the vulnerable and material equality – building a more inclusive society where social rights are no longer symbolic to become an effective reality.

CONTEXTUALIZATION OF THE MUNICIPALITY OF SÃO FRANCISCO DO BREJÃO – MA AND THE TARGET POPULATION

São Francisco do Brejão is a municipality located in the state of Maranhão, in the Northeast region of Brazil. With an estimated population of around 12 thousand inhabitants (according to data from the 2022 IBGE Census, preliminary results), it is a rural community, with a low Municipal Human Development Index (MHDI) and an economy based predominantly on family farming and livestock. Like many cities in the interior of Maranhão, it faces significant socioeconomic challenges, including low per capita income, insufficient specialized public services, and budget limitations in municipal administration. In this

context, social assistance policies such as the BPC have a crucial weight in combating poverty and protecting vulnerable groups.

With regard to the population with Autism Spectrum Disorder, there are so far no official statistics specific to the municipality (due to the aforementioned historical lack of data on ASD in censuses prior to 2022). However, based on the estimated prevalence of autism in epidemiological studies (approximately 1 to 2% of children born), it can be assumed that several autistic children and adolescents live in São Francisco do Brejão. Considering the typical age structure and diagnostic conditions in the region, it is possible that some of these children do not even have a closed diagnosis, especially cases of mild autism that did not have access to specialized evaluation. Even so, for the purposes of analysis, let's imagine a hypothetical situation: the municipality identifies 20 children and young people diagnosed with ASD within low-income families. Of these, only 5 currently receive the BPC. This hypothetical number – 5 beneficiaries when potentially 20 could be eligible – serves to illustrate a coverage deficit that may result from several of the obstacles addressed in the theoretical foundation.

Figure 1: Location of São Francisco do Brejão - MA



STRUCTURAL LIMITATIONS: INSUFFICIENT HEALTH AND SUPPORT SERVICES

A third set of challenges concerns the structural limitations of the municipality to meet the needs of people with ASD, which indirectly impacts the implementation of the BPC. Although the BPC is a financial benefit, its granting and maintenance are related to aspects such as the availability of health services (to certify and monitor the disability) and social assistance programs (to accompany the beneficiary family).

In the field of health, São Francisco do Brejão has, at the local level, primary care (one or a few general practitioners, nurses and agents) and perhaps a small rehabilitation center with a physiotherapist or occupational therapist linked to municipal or regional health. However, specialties necessary for ASD – such as psychology, psychiatry, speech

therapy – practically do not exist in the local public network. For diagnostic evaluation and reports, as mentioned, families depend on referral to Imperatriz or another city. For continuous therapies (speech therapy, occupational therapy, psychopedagogy), if they need it, there is also no local offer, forcing frequent displacements. This lack of specialized support is twofold: it harms the child's development (which could improve its functionality with adequate monitoring) and it burdens the family financially (travel expenses, private consultations when it is not possible through the SUS). Consequently, even after obtaining the BPC, the family can see a good part of the resource consumed in these therapeutic efforts. When family income was already low, paying for treatment is impractical without the BPC; but to obtain the BPC it was necessary to have a diagnosis and a report – creating a vicious circle in which the lack of service prevents access to the benefit, and the lack of the benefit prevents obtaining certain services.

In addition, the absence of local expertise from the INSS is a limitation. In some regions, the INSS carries out on-site home or social examinations when the beneficiary cannot travel. In the case of autism, if the child has severe mobility or behavioral difficulties (for example, a non-verbal autistic person, with crises, who cannot stay in unfamiliar environments), it would be indicated to carry out the evaluation at home. However, this rarely occurs, mainly due to the lack of personnel. This limitation penalizes the most serious cases that would have precisely greater difficulty in traveling.

In the sphere of social assistance, the monitoring of beneficiary families after the granting of the BPC is also a weak point. By law, BPC recipients should be accompanied by CRAS in inclusion programs, referred for rehabilitation or training when possible, etc. In Brejão, there is likely to be a lack of personnel for periodic visits to BPC families; These are eventually called to update their records, but there is no structured service for continuous psychosocial monitoring due to lack of human resources. This causes some problems (such as misuse of the resource or neglect) to go unnoticed, but also that opportunities to refer the family to other programs are lost.

There is also the issue of documentary bureaucracy: many poor families in rural areas lack basic documents (RG, CPF of all members, certificates). The CRAS assists in the issuance, but there are often delays. Requiring complete documentation for CadÚnico and BPC delays the process if, for example, one of the members does not have an up-to-date birth certificate. It is a collateral obstacle that mainly affects more isolated or vulnerable communities. Finally, the local financial and political dimension must be considered. São Francisco do Brejão, as a small municipality, depends heavily on state and federal transfers to carry out its assistance policies. The management of the BPC is federal (payment comes

from the Union's coffers), but the municipality bears the maintenance of the CRAS and teams.

In short, the scarcity of structural resources – whether specialized health or technical personnel in care – configures a macro-social challenge to make the BPC effective. It is not just about processing papers, but about having all the support around that allows the person with ASD to be properly identified, evaluated and cared for. Where the local state is fragile, social rights tend to weaken as well. Thus, in the case under study, it is seen that the implementation of the BPC is interconnected with improvements in other areas (health, transportation, training of civil servants), without which the benefit does not fully achieve its purpose of inclusion.

PROPOSALS FOR IMPROVEMENT AND FUTURE PROSPECTS

In view of the challenges mapped, it is necessary to adopt multidimensional measures to ensure that the Continuous Cash Benefit (BPC) reaches, efficiently and fairly, people with Autism Spectrum Disorder (ASD) in São Francisco do Brejão – MA. The following proposals range from actions at the local level, which can be implemented by municipal management and civil society, to changes at the state or national level that would have a positive impact on the local reality.

Strengthening the CRAS and qualifying the technical team, it is essential to provide the CRAS of São Francisco do Brejão with better operating conditions, with the allocation of trained professionals and in sufficient numbers to meet the demand. It is recommended that social workers and other technicians be specifically trained on ASD and the rights of autistic people. Partnerships with the State or specialized organizations can enable training covering aspects of autistic behavior to the step-by-step process of applying for the BPC. The technical team, duly qualified, will be able to provide effective guidance to the families, assisting in filling out forms, gathering documents and clarifying criteria.

Additionally, it is important to provide logistical means, such as vehicles and daily allowances, so that CRAS can carry out active search actions in rural communities, as well as periodic home visits to beneficiaries with ASD. This institutional strengthening can be made possible through federal co-financing of the Unified Social Assistance System (SUAS) or parliamentary amendments. Partnerships with universities and regional NGOs, such as UNISULMA or institutions in Imperatriz, can also contribute, through supervised internships or extension projects, to specialized care for families.

Expansion of community dissemination and awareness: it is essential to implement local information campaigns on the right to BPC and other rights of autistic people. The City

Hall, through the Social Assistance and Health Secretariats, can use community radios, distribution of pamphlets, sound cars and lectures in urban and rural areas to inform the population about who is entitled to the benefit, how to apply for it and where to seek support. Dates such as April 2 – World Autism Awareness Day should be used to promote service fairs, conversation circles and community events that demystify ASD and disseminate important legislation, such as the Berenice Piana Law.

In addition, the involvement of community leaders, teachers and health agents can expand the reach of the actions. The creation and distribution of illustrated booklets, with accessible language and adapted to the local reality, is another measure that can facilitate the families' understanding of the BPC procedures. These materials can be made available in schools, health centers and churches. In São Francisco do Brejão, it can also be proposed the creation of a Service of Coexistence and Strengthening of Bonds (SCFV) aimed at children with disabilities, especially autistic children. This service, carried out weekly with playful and therapeutic activities, would promote child development and also offer emotional support to families.

BUREAUCRACY AND BENEFIT EVALUATION: WHAT ARE THE OBSTACLES IN THE APPLICATION BY FAMILIES WITH AUTISTIC PEOPLE

A first notable challenge is the complexity of the BPC application and evaluation process. For a family in São Francisco do Brejão to be able to obtain the benefit for its member with ASD, several steps are necessary: carry out/certify the medical diagnosis of ASD; enroll or update the family in the Unified Registry; gather documents (CPF, certificates, proof of income of all family members, medical reports, etc.); schedule and attend appointments at CRAS or INSS agency; submit to social and expert evaluation; wait for the analysis and decision of the INSS; eventually, in case of rejection, handle administrative or judicial appeals. Each step offers potential points of difficulty or delay.

In the municipality, there is a CRAS (Social Assistance Reference Center) responsible for serving the entire local vulnerable population. In general, municipalities the size of São Francisco do Brejão have only one CRAS, a reduced team (social workers and mid-level technicians) and a modest structure. The CRAS is the gateway to assistance services and plays a fundamental role in the BPC process: it is responsible for identifying families at risk, providing guidance on the benefit, registering or updating them in CadÚnico and monitoring the beneficiaries. However, CRAS is often overloaded with multiple attributions (PAIF, care for the elderly, children at risk, etc.), and without specific training on ASD. Technicians may not know, for example, which medical documents to instruct parents

of autistic people to look for, or how to proceed in cases where the family has difficulty moving to the city.

A critical barrier is obtaining a medical report that proves the disorder and describes the associated limitations. São Francisco do Brejão does not have neuropediatricians, child psychiatrists or even psychologists specializing in autism in the local public network. The diagnosis of autism is usually carried out in medium and high complexity health reference centers – possibly in Imperatriz (a regional hub city, about 60 km away, where there is a greater supply of specialists) or São Luís (state capital). Thus, poor families face logistical and financial difficulties to obtain a report: they need to pay for travel, wait for vacancies in the SUS or resort to philanthropic services. Often, the diagnosis comes late or incomplete. Without an adequate report and containing information on the degree of support needed, the INSS evaluation is impaired.

Even with the report in hand, the BPC application requires an expert evaluation, the INSS usually moves experts and social workers to larger cities, and applicants from small municipalities have to present themselves at reference agencies. In the case of São Francisco do Brejão, it is likely that the evaluations will take place in Açailândia or Imperatriz (nearby cities with an INSS agency). This implies that a mother with an autistic child may have to travel to the neighboring city on the scheduled date, which, without proper transportation, involves taking buses or precarious public transportation, adding stress and cost. The traditional medical expertise of the INSS is not always prepared for conditions such as autism, which do not have a visible physical disability. There were cases in which, because the autistic child was not bedridden or did not have severe intellectual disability, experts concluded that "there is no incapacity for independent living", rejecting the BPC – a questionable interpretation, as it ignores aspects of social interaction and the need for continuous care.

Slowness is also a problem: between filing the request and getting a response, months can pass. For families in dire need, this wait is painful. If there is a denial and appeal, the final decision may take a year or more. This lost time represents, in practice, rights that are no longer exercised when they needed it most. This fictitious example reflects real situations common in the country.

Finally, the periodic updating and review of the BPC can be problematic. Beneficiaries need to keep CadÚnico updated (at least every 2 years). In places with little publicity, many forget or do not know about this obligation, running the risk of having the benefit suspended. In addition, the beneficiary family must report any changes in income or family composition. The arrival of a new member with income or the obtaining of another

benefit can exclude from the BPC; however, there are cases in which benefits from other disabled children do not count in the income for BPC of another child.

In summary, the bureaucratic path to the BPC is arduous for low-income families with ASD members in São Francisco do Brejão. The sum of difficulty in accessing reports, travel for expertise, long and complex procedures and risks of rejection due to restrictive criteria makes up a scenario in which many potential beneficiaries fall by the wayside. This highlights the need to simplify processes, offer support and make criteria more flexible, aspects taken up later in the proposals.

INFORMATION, AWARENESS AND ACTIVE SEARCH: THE ROLE OF CRAS AND THE LOCAL NETWORK

In São Francisco do Brejão, the local CRAS is the main reference for the vulnerable population. However, if CRAS does not actively identify children with disabilities/autism in the community, many may be left unassisted. The ideal provided by the SUAS is that there is an active search: the reference technicians know the reality of the families, including through home visits, and locate those with potential rights. If a child has signs of autism and does not attend school or has developmental delay, it would be important to refer them for specialist evaluation, and concomitantly guidance to parents on benefits and services. In practice, however, this active search can come up against the lack of structure (for example, a vehicle for visits) and the overload of cases per technician. In general, the initiative to seek the CRAS comes from families, who do not always understand well what kind of help they can obtain there.

Disinformation ranges from ignorance of the existence of the BPC to mistaken ideas about it. Some locals may confuse the BPC with rural retirement or pension; others may think it is a "favor" that depends on political influence. There have been cases in small municipalities of families believing that "it is necessary to have an acquaintance in the city hall to get the benefit", which is not true (it is a universal right, although poorly understood procedures can give rise to clientelism). Another aspect is stigma: families may hesitate to go to the CRAS or INSS because they are ashamed of exposing themselves, or because they do not want to label their child as disabled for fear of local prejudice. Thus, awareness also needs to work on the acceptance and understanding of autism in the community, so that seeking rights is seen as something normal and necessary, not as asking for a favor or assuming a "pejorative label".

In the sphere of education, it is worth noting that many children with ASD end up being initially identified in schools, when they have difficulty interacting or learning. In São

Francisco do Brejão, municipal schools could be allies in detection and referral: teachers advising parents to seek evaluation when they suspect ASD, principals reporting cases of needy students with disabilities to CRAS, etc.

Without information, families end up appealing late. For example, imagine a family from Brejo that took care of their autistic child alone until he was 10 years old, without knowing that he could have financial support. Only when another relative from a neighboring town comments on "a disability benefit" do they seek help.

An additional obstacle is the lack of local associations or support groups. In larger cities, associations of parents of autistic people or NGOs carry out information campaigns, help in the bureaucratic process and put pressure on the government. In a small municipality like São Francisco do Brejão, there is probably no active autistic association. This means less political voice for the cause and fewer networks for the exchange of information between families. Each family nucleus deals with its difficulties in isolation, depending on the punctual guidance of a professional. The creation of a network of ASD families, even informal, could help share experiences on how to get the BPC and other rights (such as free passes, treatments, etc.). Currently, there seems to be no such local articulation, which leaves many helpless in terms of guidance.

In short, information and proactivity are essential weapons to make the BPC effective, and in São Francisco do Brejão they need to be strengthened. CRAS, as a key player, must not only wait for families to knock on its door, but also meet hidden demands, whether via health agents, schools or on-site visits. The lack of clarity and disclosure, added to the modest and shy profile of the community, results in low rates of seeking the benefit even among those who would be entitled. Thus, solving the informational gaps is part of the solution to increase effectiveness.

CONCLUSION

The present study analyzed the challenges for the implementation of the Continuous Cash Benefit (BPC) for people with Autism Spectrum Disorder (ASD) in the municipality of São Francisco do Brejão, Maranhão. Despite the legal recognition of autistic people as people with disabilities and the guaranteed right to care, there was a mismatch between protective normativity and practical reality, due to bureaucratic obstacles, lack of specialized services, lack of information from families and local structural limitations.

Among the main obstacles are the slowness in the application and evaluation processes, the scarcity of specialized diagnoses, the insufficient performance of the public authorities in the dissemination of rights and the social stigma related to autism. However,

positive perspectives were identified, such as the strengthening of inclusive policies based on the Berenice Piana Law, the trend of flexibility of financial criteria by the STF and the possibility of adopting municipal measures, such as CRAS training, information campaigns and the creation of more accessible evaluation strategies.

The implementation of the BPC for autistic people in municipalities such as São Francisco do Brejão is essential to promote dignity and social inclusion, ensuring access to treatment, education and poverty alleviation. More than a financial benefit, the BPC represents the realization of fundamental rights and the strengthening of the Social State of Law. The study concludes that the effectiveness of the BPC requires integrated action between public authorities, families and society, aiming to ensure that the protection provided for in the Constitution actually reaches those who need it.

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