

# SOCIAL SERVICE, INTERSECTORIALITY AND MULTIPROFESSIONAL RESIDENCY

## SERVIÇO SOCIAL, INTERSETORIALIDADE E RESIDÊNCIA MULTIPROFISSIONAL

### SERVICIO SOCIAL, INTERSECTORIALIDAD Y RESIDENCIA MULTIPROFESIONAL

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#### ABSTRACT

This is an experience report that aimed to report the experience of a resident social worker, during the intersectoral network journey, in the social assistance network of the municipality of São Gonçalo do Amarante - CE. It is characterized as an experience report that used field and bibliographic research carried out by the resident professional during the intersectoral network journey of the Integrated Health Residency, between June and July 2022, in the CRAS and CREAS equipment. Participant observation was also used and records of the experience were systematized in field diaries. The work developed highlights the importance of intervention and intersectoral dialogue between health and social assistance policy, reaffirmed through the collaboration of the resident social worker. The importance of the intersectoral network path of the multidisciplinary residency for intersectoral work and for strengthening actions was noted.

**Keywords:** *Intersectorality; Public Policy; Multiprofessional Residence.*

#### RESUMO

Trata-se de um relato de experiência que objetivou relatar a vivência de uma assistente social residente, durante o percurso de rede intersetorial, na rede socioassistencial do município de São Gonçalo do Amarante - CE. Caracteriza-se como um relato de experiência que utilizou pesquisa de campo e bibliográfica realizadas pela profissional residente durante o percurso de rede intersetorial da Residência Integrada em Saúde, entre junho e julho de 2022, nos equipamentos do CRAS e do CREAS. Utilizou-se ainda a observação participante e os registros da vivência foram sistematizados em diários de campo. O trabalho desenvolvido evidencia a importância da intervenção e do diálogo intersetorial entre a política de saúde e de assistência social, reafirmado através da colaboração da assistente social residente. Notou-se a importância do percurso de rede intersetorial da residência multiprofissional para o trabalho intersetorial e para o fortalecimento das ações.

**Descritores:** *Intersectorialidade; Políticas Públicas; Residência Multiprofissional.*

#### RESUMEN

Se trata de un relato de experiencia que tuvo como objetivo relatar la experiencia de una trabajadora social residente, durante el recorrido de la red intersectorial, en la red de asistencia social del municipio de São Gonçalo do Amarante - CE. Se caracteriza como un relato de experiencia que utilizó investigación de campo y bibliográfica realizada por el profesional residente durante el recorrido en red intersectorial de la Residencia Integrada en Salud, entre junio y julio de 2022, en los equipos CRAS y CREAS. También se utilizó la observación participante y se sistematizaron los registros de la experiencia en diarios de campo. El trabajo desarrollado resalta la importancia de la intervención y el diálogo intersectorial entre la política de salud y asistencia social, reafirmada a través de la colaboración del trabajador social residente. Se destacó la importancia del recorrido en red intersectorial de la residencia multidisciplinaria para el trabajo intersectorial y para el fortalecimiento de acciones.

**Descritores:** *Intersectorialidad; Políticas Públicas; Residencia Multiprofesional.*

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## INTRODUCTION

The Integrated Health Residency (RIS) is characterized as a *Lato Sensu* graduate training process, in an exclusive dedication regime, whose purpose is to promote education for work, through in-service learning, of professionals of different categories. This is done within the scope of the Municipal Health Secretariats or the corresponding Health Region, as well as in the hospital institutions linked to the residency programs of the School of Public Health of Ceará-ESP/CE.

From the perspective of comprehensiveness, the multiprofessional residency plays an important role in training and training professionals committed to the principles and guidelines of the Unified Health System (SUS). To this end, it is close to the population through the living territory, composed of individuals subject to rights, the emphasis of Family and Community Health, which has as its practice scenario the Primary Health Care (PHC), the gateway to the SUS, in the municipality of São Gonçalo do Amarante-CE.

São Gonçalo do Amarante is located 59.44 km from the capital of Ceará. As it is a coastal city, it has great prominence for its natural beauty, being attractive for tourism, in addition to being the headquarters of the Port and Industrial Complex of Pecém (CIPP), so it currently occupies the sixth position among the municipalities of greatest economic prominence in the state. Due to its immense geographical area, the municipality is divided into three regions, headquarters, coast and hinterland, for the care of the population it currently has 23 Basic Health Units, distributed according to the division of the aforementioned regions.

Class VIII of the Multiprofessional Residency, with an emphasis on Family and Community Health (2021–2023), was composed of professionals from the following categories: social worker, nurse, physiotherapist, nutritionist, psychologist, physical education professional, and veterinarian, who were inserted together with the teams of the Expanded Center for Family Health and Primary Care-NASF-AB, serving in the territory in three Health Units in the localities of Lagoinha, Passagem and Omega, neighborhoods that make up the region of the municipality's headquarters.

It is necessary to emphasize the importance of human and professional training in the context of residency as a way of confronting the biological, curative approach that is still present today, in addition to fostering critical thinking about the health policy, its determinants and conditions, as well as the expressions of the social question, as part of the health and disease process<sup>1</sup>.

In general, we should think about the social determinants of health, based on how they are related, to the social, economic, cultural and psychological factors of a population. And correlating with them, we can cite the expressions of the social question, as a result of the inequalities of capitalist society<sup>2</sup>, which directly affect the lives of subjects who are in a situation of risk or social vulnerability, making it a necessity for the social worker to face these inequalities.

However, the experience in the practice scenarios provides the opportunity for professionals to work with the care network, namely the services of primary, specialized, psychosocial and urgent and emergency care, as well as the intersectoral network, in order

to promote a dialogue between health and other public policies, aiming to expand the comprehensiveness of the actions.

To this end, this experience takes place during the Network Path, carried out during the second year of the residency in Family and Community Health, divided into cycles that occur simultaneously with the training process proposed by ESP-CE. Such cycles occur in the Psychosocial Care, Specialized and Intersectoral Care Networks, as well as in the Management and Regulation sector and in the Urgency and Emergency Network.

The work process and professional training of the resident social worker, in the context of the Network Pathway, specifically in the cycle of the Specialized and Intersectoral Care Network, becomes a valuable opportunity to include the category in the other public policies of the municipal network. However, the chosen experience was with the social assistance network, in the equipment of the Social Assistance Reference Center (CRAS) and the Specialized Social Assistance Reference Center (CREAS), both of which are located in the city center.

The CRAS is an equipment within the scope of Basic Social Protection, responsible for the organization and provision of services that aim to meet the demands of users who are in a situation of vulnerability and social risk, and those who have fragility in their bonds, whether family or community. In the municipality in question, the agency meets the territorial demands of the urban region and the hinterland.

CREAS is an equipment within the scope of the Special Social Protection of Medium Complexity, which accompanies families and individuals, whose rights have been violated or threatened, such as, for example, abandonment, neglect, violence, sexual abuse and exploitation, child labor and compliance with socio-educational measures. It meets the demands of children and adolescents, women, the elderly, homeless people and people with disabilities.

It should be noted that this study is justified by the desire to experience the daily routine of the CRAS and CREAS equipment, because although there was already a dialogue with the teams that make up the services, there was still a need to understand intersectoriality, in addition to referrals, since many of the users of the services of the social assistance network were also accompanied by the researcher in the health policy. This would make it possible to expand the most effective actions and strategies in resolving the demands that emerged.

There are countless challenges that the resident social worker faces being in a territory, with regard to the work carried out within the scope of PHC characterized by its high level of capillarity, many demands arise in this context, considering the social inequalities of a population. However, based on this reality, there is a need to carry out intersectoral work, which is enhanced through the dialogue between health and the social protection network<sup>3</sup>.

In view of the above, it is intended to report the experience of a resident social worker, during the Intersectoral Network Course, in the social assistance network of the municipality of São Gonçalo do Amarante-CE, specifically in the CRAS and CREAS equipment, during her training process of the multiprofessional residency in health.

In addition, based on this experience report, we aim to reaffirm the need to understand intersectoriality as an important strategy to face the expressions of the social issue in the territories, to be identified as a high level of unemployment, homelessness, food and nutritional insecurity, among others. In this sense, it is necessary to understand the performance of the resident social worker ESP/CE as an articulating subject of intersectoral dialogue.

## METHODS

This is an experience report, which describes the experience of a resident social worker, during the training period in the Multiprofessional Residency, in the context of the network path, whose experience occurred in the cycle of Specialized and Intersectoral Care, in the social assistance network in the CRAS and CREAS equipment in the municipality of São Gonçalo do Amarante-CE, which took place during the months of June and July of the year 2022.

Field and bibliographic research was carried out, obtained through the experiences in the practice scenarios, making it possible to identify the existence of the most diverse implicit subjectivities that permeate daily life, as well as the importance of characterizing experiences and experiences with their richness and contradictions<sup>4</sup>.

Participant observation was also used and the collected data were recorded in field diaries. The systematization of the data was possible from the construction of reports containing information about the equipment and perceptions of the resident social worker, as well as some documents such as the Regulations of the School of Public Health of Ceará and the Tutorial of the Network Path (of Class VIII of the Multiprofessional Residency Program of ESP CE) which contains technical and guiding information for the training of the resident professional. Content analysis was performed for data analysis.

## RESULTS

**Table 1. Activities carried out on the Intersectoral Network Route - CREAS.**

- Atendimento individual ou familiar para acolhida e avaliação social;
- Visita ao Hospital Geral Luiza Alcântara e Silva - atendimento de demanda de urgência;
- Elaboração de relatório social para equipamentos da rede socioassistencial;
- Reunião semanal de planejamento das demandas que são acompanhadas pelo equipamento;
- Visita domiciliar para entrega de Benefício Eventual de Cesta Básica (a pedido do CRAS);
- Elaboração de relatório com parecer social em resposta a solicitação judicial.

**Source:** Prepared by the author, 2022.

The network path of the specialized and intersectoral cycle of the ESP-CE provides the opportunity for the resident social worker professional to be inserted in various practice scenarios. The comprehension of the social assistance network of the municipality broadens the vision of the professional to act in an intersectoral way, since the process of illness does not consist only of the absence of disease, but of several social determinants of health.

Due to the interventions carried out in the daily routine during the work as a resident social worker, many of them were referred to the social assistance network, which motivated the knowledge of the flows and routines of the CRAS and CREAS equipment. To this end, during the months of June and July 2022, the network path of the specialized and intersectoral cycle in these facilities was carried out.

Activities carried out at CREAS during the month of June 2022 were participated, with two shifts per week, totaling eight monthly shifts. The actions developed in this field were carried out with social workers, social educators and other members of the multidisciplinary team of this equipment.

The body has established flows to respond to demands monitored by the multidisciplinary team. For illustrative purposes, below is a table that shows the itinerary of the activities carried out by me with the other CREAS professionals.

In the present field of action, the work of social workers has been of fundamental importance for the feasibility of the social rights of people in situations of threat and/or violation of rights, given our technical capacity to understand the totality of the subjects, respecting their particularities from the perspective of guaranteeing human rights.

**Table 2. Activities carried out in the Intersectoral Network Path - CRAS.**

- Individual or family assistance for reception and social assessment;
- Home visits to evaluate the granting of eventual benefits;
- Participation as a facilitator of the elderly group at the SCFV in Umarituba;
- Shared care provided in the CRAS flyer over the health network;

**Source:** Prepared by the author, 2022.

In this way, during the network journey, we sought to enable fruitful intervention strategies with the CREAS team, which allowed us to understand the demands in a broader way. It was noticed that there were social workers with excellent technical-operative capacity and who received the researcher in the equipment in a welcoming way, with openness to work in a collaborative and interprofessional way.

In relation to the intersectoral dialogue, good communication was noticed. When necessary, there were moments of discussion on specific cases with the Tutelary Council, the Coordination of Drug Policies, the Psychosocial Care Center (CAPS), the Department of Labor and Social Development (STDS), the Municipal Health Department (SMS), among others, in addition to referrals, circumstantial reports, referrals and counter-referrals to monitor demands involving the public policies that make up the municipal network.

The second moment of the Specialized and Intersectoral Network Course took place in July 2022, in which the researcher worked with the CRAS teams in two weekly shifts, totaling eight monthly shifts. The activities developed were carried out with the social workers and psychologists, who are also technicians from the Service of Coexistence and Strengthening of Bonds (SCFV) of the Basic Social Protection.

The equipment has a previously established schedule and the execution of the activities occurs with the division of the team among the locations of the municipality. Some social workers respond to demands from the headquarters and others work at the

CRAS steering wheel, in the backlands. Below is a table illustrating the activities carried out during this period.

In the present field of action, the work of social workers has been important for the reception of social assistance demands, however, what is perceived is that there are merely technical and bureaucratic practices, which are "justified" by the large flow of demands existing in the territories, and which can impact the effectiveness or not of the social assistance policy of the municipality of São Gonçalo do Amarante-CE.

The CRAS steering wheel in the sertão region facilitates the access of users from the localities of Várzea Redonda and Cágado, regions farther from the headquarters/center of the municipality, which have a significant concentration of social vulnerability. However, it is observed that the attendances and visits of the social service are sometimes limited to the social evaluation for the granting of the eventual benefit of the basic food basket.

During the follow-up of the care provided in the Várzea Redonda District, the researcher was able to guide users about the health services and the professional categories that work in the NASF-AB, as well as about the care provided in the Basic Health Units. In addition, it provided guidance on access to the request for geriatric diapers, supplements and special milks, wheelchairs, as well as consultations with specialists and access to the Pharmaceutical Supply Center – CAF.

In this way, the network path enabled a closer dialogue between Primary Health Care (PHC) and Social Assistance Policy, considering that the existence of intersectoral work is fundamental in the scope of public policies. In this second moment, in which the experience took place at CRAS, the researcher contributed to the elucidation of the equipment flows, the main demands of PHC and the NASF-AB service profile.

Certainly, the performance as a resident social worker with the emphasis on Family and Community Health inserted in the social assistance policy was challenging during the Network Path, since many professionals of the Social Assistance Policy do not understand in a broad way the determinants and social conditioning factors of health, misunderstanding the resident social worker as the professional who deals only with social issues arising from the process of illness of the patients. users, this being a mistaken and limited thought, as has already been said in lines ago.

Nevertheless, it is known that, according to the World Health Organization, health should be understood in a broader way, considering that a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity<sup>5</sup>.

That said, the challenges encountered are especially the insertion of the resident professional in the social assistance equipment. At first, there was an agreement between the general supervisor of the residence and the coordinators of CRAS and CREAS, however, when the schedule of the days that would be in the equipment was prepared, there was some resistance on the part of one of the equipment, alleging that there were flows and routines with their teams, and that there was no possibility of receiving another professional during the proposed period, preventing the start of the network path. Nevertheless, after dialogue between the management, it was possible to carry it out.

Thus, there was a change in the schedule that had been initially proposed, considering that the initial proposal would be to carry out the first moment of the network

path in Basic Social Protection (in CRAS), and the second moment in Special Social Protection of Medium Complexity (in CREAS).

Based on this experience, some obstacles were identified with regard to the intersectoral work between the Social Service of NASF-AB and Social Assistance.

In order to improve interprofessional collaboration, flow alignment meetings were mobilized, in which it was pointed out that there was no return of referrals sent (counter-referral), regarding demands for eventual benefits, for example. Based on the dialogue between the teams, possible ways to improve this communication were designed in order to give resolution and effectiveness to the situations involving the cases attended by PHC and by CRAS and CREAS.

## DISCUSSION

The role of the resident social worker is included in the social and technical division of work. It should be noted that the social worker carries out actions in the context of public policies, from the perspective of enabling and guaranteeing rights. In the field of public policies, the participation of social service professionals is identified in the most varied care and monitoring of users at the individual or collective level, in family, community or institutional settings<sup>6</sup>.

It is known that the Social Service of the Integrated Health Residency works in conjunction with public and private institutions, mobilizing skills, knowledge and strategies in order to enable and materialize access to social rights<sup>7</sup>.

Based on this premise and the experience of the intersectoral network in the social assistance network, it was possible to understand the challenges and possibilities that permeate the professional practice, for the construction of a proposal for dialogue between PHC and the Social Assistance Policy.

It should be noted that the Unified Health System (SUS) and the Unified Social Assistance System (SUAS) operate based on the reality of the territories. Both are faced with realities marked by social differences, social exclusion and difficulty of access. In the municipality under analysis, most individuals are users of both policies (social assistance and health), leading to the need to promote actions that strengthen intersectorality.

The intersectoral work carried out in the field of public policies aims to ensure the reduction of inequalities, based on the acceptance of the demands that are placed and the feasibility of access to the social rights of users, such as health, education, housing, food, work and social security. Therefore, it is important that individuals can be understood in their singularities, in an integral way. In this context, the resident social worker becomes essential, considering his/her ability to understand the social subjects and their various needs<sup>8</sup>.

In this way, intersectorality is an alternative to overcome the fragmentation observed in the scope of social policies, oriented on a version of collaboration and complementarity between sectors, with a broader look at the demands of a population, above all, recognizing its particularities, as well as its repercussions with regard to the expressions of the social question.

The intersectoral dialogue provides a better performance for the professionals who are inserted in public facilities, promoting a new way of thinking and acting in the face of demands, considering the possibilities of mediating between public policies in the field of social security. From this perspective, new flows can be established, favoring the resolution of demands that emerge from daily life and promoting a horizontal interaction between the equipment and its teams.

Thus, the work narrated here, developed in the equipment of the social assistance network, materializes the importance of this dialogue, showing itself as a successful experience, with regard to the training and professional work of the resident social worker, considering that the sharing of this experience can be a powerful means to enforce social rights and to strengthen public policies.

It is understood that the role of the resident social worker in public policies is indispensable, established under the intersectoral vision. It is considered, therefore, that the possibilities of intervention created from this bias show new responses to the expressions of the social question, characterized through institutions and people.<sup>9</sup>

## CONCLUSION

The training and professional work of the resident social worker has characteristics that differ from the professional profile found nowadays, in the various occupational spaces, because the Multiprofessional Residency in Health provides a way of thinking and acting of the worker based on critical and propositional competencies and skills, in the face of the demands of daily life.

The work of the resident social worker goes beyond the walls of health policy, as the Multiprofessional Residency instigates the performance of work with a view to totality and integrality. Therefore, it is believed that this study demonstrated the need for interaction with other public policies, through intersectorality.

This experience report described the experience of the resident professional, in addition to the routine of the health centers. The daily routine of professional practice was analyzed, based on the network path of the Integrated Health Residency, experienced in the social assistance network, in the CRAS and CREAS equipment of a medium-sized municipality in the Metropolitan Region of Fortaleza-CE. This experience had a significant impact on the researcher's professional training, as well as on the improvement of the routine of the public facilities in which the study took place.

The inclusion of resident social workers in other public policies during their professional training contributes to demystifying work in the field of health, since health should not be reduced to the issue of illness, but rather understood from the point of view of determinants and conditions. In this sense, the guarantee of social rights is a factor of protection for health, which needs to count on the watchful eye of the social protection network, and for this it is necessary, for this, to reinforce institutional links through the bias of intersectorality. It is known that no public policy works in isolation, and the work of the resident social worker favors these articulations.

Throughout the network journey narrated here, as challenges encountered, the difficulty of insertion in social assistance equipment and the lack of definition in the service flows were identified. The social assistance policy, due to the prerogative of



having as its target audience the people who need it, becomes selective. It is observed that in this experience there is little perspective regarding the emancipation and autonomy of the subjects, restricting the actions in the scope of social protection to social assistance benefits, permeated by clientelist practices.

Throughout this study, the Multiprofessional Residency Program of the School of Public Health is highlighted as a potentiality, which is guided by the dimension of intersectoriality and interprofessional collaboration.

Finally, it is concluded that this report, in its most subjective aspect, brings feelings of a gratifying experience - due to the contribution given by the researcher to the practice scenarios - but also of some frustrations, given the difficulty of carrying out an efficient intervention action, at certain moments, when faced with technicist and fragmented practices, which permeated some public facilities, where the study was conducted.

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