

# THE SOCIAL WORK IN THE FAMILY HEALTH STRATEGY: AN INTEGRATIVE REVIEW

*O SERVIÇO SOCIAL NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA: UMA REVISÃO INTEGRATIVA*

*EL TRABAJO SOCIAL EN LA ESTRATEGIA DE SALUD FAMILIAR: UNA REVISIÓN INTEGRATIVA*

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## RESUMO

O trabalho objetiva apresentar uma produção teórica do Serviço Social acerca da Estratégia Saúde da Família. Trata-se de um estudo de revisão integrativa. Para sua construção, foram utilizadas publicações das bases eletrônicas da Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs) e da *Scientific Electronic Library Online* (Scielo). A amostra totalizou 07 artigos publicados, sendo que cerca de 71% foram extraídos e localizados na SCIELO e cerca de 29% foram extraídos e localizados na LILACS. A Atenção Primária, sendo uma das portas de entrada dos usuários no acesso ao SUS, deve conter profissionais que conheçam os problemas de saúde e sociais da população do seu território. Portanto, deve-se trabalhar na garantia de direitos, constantemente revisando a forma de pensar e agir, dado que são pessoas fragilizadas pelo sistema, que muitas vezes têm seus direitos básicos negados.

**Descritores:** *Estratégia Saúde da Família; Serviço Social; Atenção Primária à Saúde.*

## ABSTRACT

The work aims to present a theoretical production of Social Work about the Family Health Strategy. This is an integrative review study and for its construction, publications from the electronic databases of Latin American and Caribbean Literature in Health Sciences (Lilacs) and the Scientific Electronic Library Online (Scielo) were used. The sample totaled 07 published articles, where around 71% were extracted and located in SCIELO and around 29% were extracted and located in LILACS. Primary Care, being one of the entry points for users to access the SUS, must contain professionals who know the health and social problems of the population in its territory, therefore, if it works to guarantee rights, constantly reviewing the way of thinking and act, given that they are people weakened by the system, who often have their basic rights denied.

**Keywords:** *National Health Strategies; Social Work; Primary Health Care.*

## RESUMEN

El trabajo tiene como objetivo presentar una producción teórica del Trabajo Social sobre la Estrategia de Salud de la Familia. Se trata de un estudio de revisión integradora y para su construcción se utilizaron publicaciones de las bases de datos electrónicas de Literatura Latinoamericana y del Caribe en Ciencias de la Salud (Lilacs) y de la Biblioteca Científica Electrónica en Línea (Scielo). La muestra totalizó 07 artículos publicados, donde alrededor del 71% fueron extraídos y ubicados en SCIELO y alrededor del 29% fueron extraídos y ubicados en LILACS. La Atención Primaria, al ser uno de los puntos de entrada de los usuarios al SUS, debe contar con profesionales que conozcan los problemas sanitarios y sociales de la población de su territorio, por eso, si trabaja para garantizar los derechos, revisa constantemente la forma de pensar y actuar, dado que son personas debilitadas por el sistema, a quienes a menudo se les niegan sus derechos básicos.

**Descritores:** *Estrategias de Salud Nacionales; Servicio Social; Atención Primaria de Salud.*

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## INTRODUCTION

The Federal Constitution of 1988 comes from a profound process of debate among social movements and produced a great advance for the population Brazilian, because, from there, the Unified Health System (SUS) was created, which established a model of social protection. It includes the tripod of social security, which includes health, social assistance and social security, evidenced throughout the articles 194 to the 200<sup>1</sup>. O SUS was one of the areas that made the most progress since its creation, being regulated for the Law No. 8,080, of September 19, 1990, – Organic Health Law (LOS), It is for the Law 8,142, in 28 in December in nineteen ninety, what disposes about O SUS financing and also on the community participation through collegiate bodies<sup>2,3</sup>. Primary Health Care (PHC) begins to gain relevance from the Conference in Soul Minutes (6-12 September 1978), what treated of the care primaries in health; and then, in 1987, with the creation of the Community Health Agents Program (PACS). Furthermore, social and community movements were highly relevant to the changes that occurred in the health sector.

It is in this context of construction of the SUS that, in the 1990s, the Family Health Program (PSF) emerged, which aimed to reverse the current care model, aiming to reorient the care model, creating a new dynamic of health organization<sup>4</sup>. Thus, considering the consolidation of the Family Health Strategy – ESF, as the main form of reorganization of Primary Care, the National Primary Care Policy was approved, through Ordinance No. 2,488, of October 21, 2011, which was later revoked by Ordinance No. 2,436, of September 21, 2017<sup>5</sup>.

The ESF is of paramount importance for the Brazilian population, as it is capable of addressing both health needs, expressed in the form of demand, and also producing interference in the social determinants and conditions that interfere in the population's health-disease process. The minimum team of professionals that make up the Family Health Team - eSF is made up of a doctor and nurse, preferably specialists in Family Health, a nurse, nursing assistant and/or technician and a community health agent, who can be part of the team or agent to combat endemic diseases (ACE) and oral health professionals: dental surgeon, preferably a specialist in Family Health, and oral health assistant or technician<sup>5</sup>.

In 2005, through Law No. 11,129, the Residency in the Professional Area of Health was established, focused on in-service education, covering multidisciplinary health categories, with the exception of doctors<sup>6</sup>. Currently, residency programs have been strengthening the public health scenario, as they are already present in several municipalities in Brazil, combining teaching and practice, strengthening the actions and provisions recommended in the SUS.

It is in this scenario of strengthening the SUS that the social service professional is inserted. Thus, social work in health aims to identify the economic, political and cultural aspects that permeate the health-disease process, to mobilize resources to combat them, combined with an educational and emancipatory practice.

The actions carried out by social service professionals are guided and guided by rights and duties provided for in the Code of Professional Ethics (Resolution n° 273, of 1993), in the Profession Regulation Law (Law n° 8662, of 1993) and in the Ethics and Profession Policy, which must be observed and respected in line with the Health Reform

Project, which is based on the Democratic Rule of Law, responsible for social policies and, consequently, health.

Working in Primary Care provides us with several possibilities, but also countless challenges. According to the Performance Parameters of Social Workers in Health<sup>7</sup>, the work of Social Workers in health must be based on the democratization of access to health units and services, as well as strategies for bringing health units closer to reality, the interdisciplinary work, group approaches and democratic access to information and popular participation<sup>8</sup>.

Of that mode, to work at Attention Basic, as a social worker, requires ramp up strategies. It is improvements of methodologies, one turn what health and also other social policies need to be improved, emphasizing the importance from work centered in the families and at education permanent in health.

A major challenge facing the social service category today is developing skills to decipher reality, building creative work proposals that are capable of implementing and preserving rights, based on everyday demands<sup>9</sup>. Thus, the present work aims to present a theoretical production of Social Work regarding the Family Health Strategy.

## METHODS

This is in one study carried out through one revision integrative, having one approach qualitative analysis of the Family Health Strategy, designed from the perspective of social services. To construct the review, the following steps<sup>10</sup> were used:

- *1ST STAGE: ESTABLISHMENT OF THE GUIDING RESEARCH QUESTION.*

It was felt that there was a need to search the literature for evidence to clarify the following question: How is the Family Health Strategy analyzed from the perspective of social services?

To this end, when constructing this guiding question, the PICO Strategy (acronym for P: population/patients; I: intervention; C: comparison/control; O: outcome/ *outcome* ) was used in the analysis process. The use of the strategy made it possible to identify keywords, thus helping to locate studies that were part of this review. Therefore, the question “How is the theoretical production about the Family Health Strategy analyzed from the perspective of social services?” In it, the first element of the PICO (P) strategy was the Family Health Strategy; the second element (I) was the social service perspective; the third element (C) does not apply; finally, the last element (O) was theoretical production.

- *2ND STAGE: SEARCH IN LITERATURE*

Internet searches were carried out – by the researcher – in January and February 2023, in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), accessed from the Virtual Health Library – VHL and Scientific Electronic Library Online (SCIELO). To select the articles, the descriptors available in the Health Sciences Descriptors - DECS were used: (social service), (primary care), (family health), and AND was used as Boolean. Data collection took place, firstly, through exploratory reading of the abstracts, to find out which ones fit the chosen theme. After reading the abstracts, the articles that responded and fit the topic addressed were

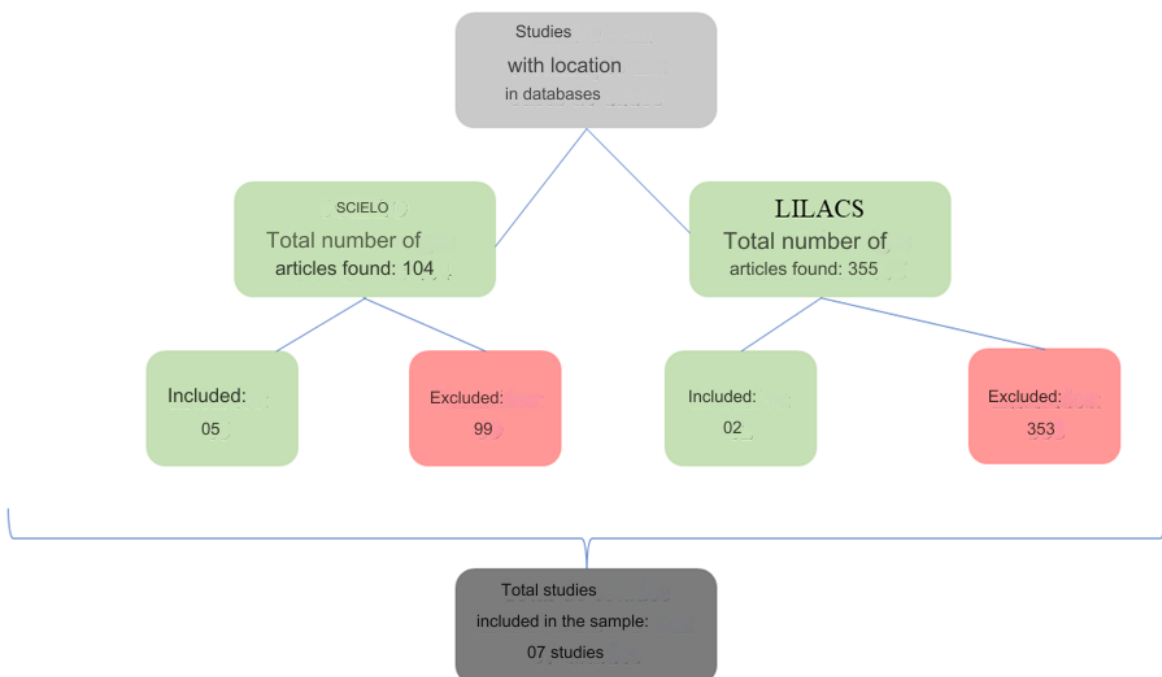
selected. Furthermore, an in-depth reading of the articles was carried out, listing the main points covered in each one. As inclusion criteria for the selection of articles, the following were listed: having full text available in the databases used, only in Portuguese, study carried out in Brazil, in the last 10 years (2013 to 2023), that addressed the topic. As exclusion criteria, we had: not addressing the proposed theme, being repeated in the other database used in the research, monograph-type documents, abstracts published in annals and not having finalized results.

The search in the SCIELO database, using the descriptors (social service), (primary care), with the Boolean AND, resulted in 78 articles. The search with the three descriptors (social service), (primary care), (family health), with the Boolean AND, resulted in 26 articles. After reading the title and summary and applying the inclusion and exclusion criteria, 05 articles were selected. International works were not included, as, after reading the abstracts, it was realized that they did not fit.

In the LILACS database, using the descriptors (social service), (primary care), (family health), with the Boolean AND, 355 articles were found. After applying the filters for inclusion and exclusion criteria, 46 articles resulted. Of these, after reading the abstract, 02 articles were selected.

In the end, 07 articles were selected, which had full text available.

**Figure 01 – Selection of studies in databases**



**Source:** Prepared by the author.

**Table 01 – Searches for keywords in databases**

<b>DATA BASE</b>	<b>DESCRIPTORS AND BOOLEANS</b>	<b>TOTAL RESULT NO.</b>	<b>RESULT NUMBER AFTER FILTERS</b>	<b>RESULT NUMBER AFTER READING</b>
SCIELO	(social work) AND (primary care)	78 ARTICLES	10 ARTICLES	5 ARTICLES
SCIELO	(social service) AND (primary care) AND (family health)	26 ARTICLES	2 ARTICLES	0 ARTICLES
LILACS (VHL)	(social service) AND (primary care) AND (family health)	355 ARTICLES	46 ARTICLES	2 ARTICLES

**Source:** Prepared by the author.

• **3RD THIRD STAGE: CATEGORIZATION OF STUDIES**

For data collection, the author distributed the studies in a table for better analysis and visualization. The topics contained in the table were: title, author and year of publication, results and/or conclusion.

• **4TH STAGE: ASSESSMENT OF STUDIES INCLUDED IN THE REVIEW**

At this stage, the original articles were fully read, in order to extract information that corresponded to the theme and research question.

• **5TH STAGE: INTERPRETATION OF RESULTS AND 6TH STAGE: SYNTHESIS OF KNOWLEDGE**

Together with the available literary and theoretical basis, the results obtained through the previous steps were analyzed and discussed.

It is worth noting that the present study was not submitted to the ethics committee, as it is a scientific work that uses public domain data. In accordance with Resolution No. 510/2016, this is research that uses publicly accessible information and should not be evaluated by the CEP/CONEP system, thus exempting the submission of this study for evaluation by the Ethics Committee. The data collected was used exclusively for scientific purposes.

## **RESULTS**

The final sample consisted of 7 published articles, of which 5 (71%) were extracted and located in SCIELO and 2 (29%) were extracted and located in LILACS.

Regarding the year of publication of the articles, a variation was noticed between the years 2014 and 2023, with 1 article being published in the year 2023, 01 article in the year 2021, 02 articles in the year 2020, 01 article in the year 2016, 01 article in 2015 and 01 article in 2014.

In the table below, the articles are arranged in descending order, according to the year of publication.

**Table 02 – Final Sample.**

TITLE	AUTHOR(S) AND PUBLICATION YEAR	RESULTS/CONCLUSION
1. Health Crisis and Primary Care: the Role of Social Workers in the Territories	Vieira et al., 2023	Health has been configured with multiple determinations and contradictions, an arena of dispute between the universalizing and privatizing projects.
2. The Professional Actions of the Social Worker in Primary Health Care in the Context of the Covid-19 Pandemic	Dal Pra et al.,2021	Socio-educational actions aimed at mobilization and political-organizational assistance were essential to achieve access to collective practices of social control attentive to the universality of the right to health.
3. Illness of Family Health Strategy Workers in a Municipality in the Central-West Region of Brazil.	Melo et al.,2020	The authors discuss the illness of workers, which may be related to working hours, professional interactions, and the worker management model.
4. Previner Brasil Program: the culmination of Threats to Primary Health Care	Seta et al.,2020	The article analyzes the Previner Brasil Program, contradictions and alternatives to minimize potential losses from the current policy.
5. Equity in the Coverage of the Family Health Strategy in Minas Gerais	Andrade et al.,2016	The article analyzes socioeconomic differences in ESF coverage, and access to health services in Primary Care in the State of Minas Gerais.
6. The Brazilian Social Protection System, Social Assistance Policy and Family Care	Cronemberger et al., 2015	When dealing with relations between Family and State, the authors deal with this conflicting relationship, despite the recognition of the importance of the family in PNAS; families in situations of social vulnerability are penalized with fragmented care.
7. Social Service between Prevention and Health Promotion: Translation, Link and Reception	Francis Sodré,2014	The biomedical view that demarcates the social issue as exogenous to health and delimits a segmentation of social work.

**Source:** Prepared by the author.

As discussed, each article had its peculiarities and distinctions. One of the articles, as explained above, carried out a survey with residents of Minas Gerais to show the coverage of the ESF. 6,797 residents were interviewed. Despite advances in Primary Care coverage, there are major challenges to be faced in order to offer comprehensive coverage to families. The article by Sodré (2014) shows research on Social Service in Primary Care in the pandemic context, discussing the neoliberal offensive and the emptying of public policies and the difficulties faced by professionals in developing their work. This article presents innovation in the use of information technologies with the digital health strategy for Brazil, which began during the pandemic period



## DISCUSSION

The Family Health Strategy was a great achievement for the Brazilian population, as families began to access health within the scope of Primary Care, considered one of the gateways to health services, being able to positively interfere with most of the health needs of a given population, with the basic premise of defending health as one right in all. It is duty of State<sup>8</sup>. To analyze the material theoretical, it was realized that the real SUS is far from the constitutional SUS. There is a huge distance between the health movement's proposal and the practice of the current public health system<sup>9</sup>.

Of that form, there is some distance at what advocate to the legislations that give origin to the Policies in Health and to what The population experience at the territory, with precarious care focused on the disease, with a large difficulty in to reach The completeness. It is The equity, absenting itself from the concept enlarged from the Health, which guarantees the physical, mental and social well-being of people and the community<sup>2</sup>. This fact can be highlighted, as what we currently see are countless contradictions, especially in practices to guarantee rights and profitability<sup>12</sup>.

Thus, ensuring that the rights established by the Federal Constitution are effective comes from joint actions (society and State), with the latter ensuring that these rights are effective. It also implies the understanding of intervention from the reality. Social commitment with you subjects served at Attention Basic.

Social policies present themselves as necessary mediations for the universalization of social rights<sup>12</sup> and, in recent years, the neoliberal context has been plaguing Brazil through actions that prioritize the Marketplace in detriment from the responsibility state-owned. An example of this, we had Constitutional Amendment nº 95/2016, which established a new regime fiscal, freezing public spending for 20 years and ordinance no. 2,979, of 2019, which instituted a new financing from the Attention Basic, getting harnessed to the performance from the team. That new form in financing brings impacts negatives for you services, leaving them increasingly faster to the detriment of qualified listening. Therefore, it is important to be critically aware of what the policy is about, especially in the health financing and spending sector<sup>13</sup>.

Associated with that, as we come across with The intensification of expressions from the question Social in the objects of work, which are linked to the neoliberal state model, which transforms the achievement of rights into a restricted democracy and manifests itself in various ways in the daily lives of families, being assisted by social services at ESF. Therefore, social worker interventions are focused on fragmented care<sup>14</sup>. For example, there is corrosion of rights, the intensification from the exploration of The vulnerability Social, what It is multidimensional and is expressed in the deprivation of basic needs, in them included bad food, housing precarious, lack in sanitation basic needs, difficulty in accessing drinking water and health care that meets the needs of to the needs of the population from the community. Furthermore, professional practice in the territories has become more challenging. Thus, the inequality generated by the capitalist mode of production also brings the possibility of illness for the most impoverished sectors of the population<sup>15</sup>.

Given these premises, the service social seeks to develop a work at perspective of guarantee in social rights and citizenship, understanding that both are inseparable and that

they act together and represent the rights that each individual has. From this perspective:

Considering that citizenship presupposes participation and the guarantee and effectiveness of rights, it implies the real provision of services by public authorities and the existence of living conditions (or means), with personal development in the explicit diversity of cultures, gender, race, ethnicity and religious, sexual options, and ways of existence. Denial of citizenship, in turn, presupposes the impediment and absence of these rights and conditions (2006) <sup>16</sup>.

The denial of citizenship, as mentioned by the aforementioned author, directs the understanding of a society where democracy has become restricted. In other words, social rights were reduced by a minimal state model. Neoliberalism brought the idea of less State and more privatization, a reality experienced by society today. The basics are provided in a precarious manner, while the private health sector grows in an orderly and disorderly manner with support from the State.

On the other hand, the implementation of the Family Health Program took place in the midst of profound economic, social and regional inequality, which shaped the Brazilian reality in the 90s<sup>17</sup>. After thirty-three years, since its implementation, few families have had their rights enforced and guaranteed, as with the privatization process and minimal State action, the policies continue to be focused, losing focus on the main proposal of the Reform Health, which worked to defend the universalization of social policies and guarantee social rights.

Furthermore, these difficulties favor The dependency and/or stigmatization which reinforce the attitude of passivity and resignation. The State is capable of creating indifference and a lack of empathy with individuals<sup>18</sup>, a fact what he can to be evidenced at relationship in power what if lays down when you users seek access health policies . Like this being, in form general, the citizens they are visas by the agents public in charge from the execution of policies in health as lay subjects. These individuals need to be recognized in their particularities, individualities, taking into account the determinants and conditions present in each situation.

To this end, the works mentioned show that the social worker is part of collective health work, as well as “social assistance actions, bringing the social worker closer to the users”, given that professionals, through a humanized and respectful welcome, materialize their actions in Public Health and Collective<sup>20</sup>.

Therefore, the theoretical apparatus has become more challenging for professional practice and moves away from the emancipatory horizon of the profession's ethical-political project. Social service remains in the trenches of struggle and resistance of work in different occupational spaces, mediating access to rights and in defense of life<sup>19</sup>.

## CONCLUSION

Attention Primary, being the main door in Prohibited of users in the SUS, must contain a multidisciplinary team that knows the problems in health and social from the population yours territory, to work like this at guarantee in rights , constantly reviewing The form in think It is Act, since they are people weakened for the system, what lots of times he has your basic rights denied. Therefore, developing work within the scope of the



Health Care Policy Basic requires a process of reflection on the life situation of families, the socioeconomic and cultural conditions of each individual. With that, one can to define strategies for The resilience of barriers imposed for the system public health.

This is a vast field that requires greater investment in terms of local public policies, in addition to changes in the cultural sphere and, above all, with regard to the training of health professionals. Along with this, there is the need to cover actions that go beyond the UBS, so that they reach other spaces that include professionals and, especially, the population.

It is important to highlight that there are scientific gaps on the subject, since many of the studies found were not up to date or addressed programs that integrate the SUS, and not the system as a whole. This is, above all, the main limitation of this review.

However, it is important to highlight that the topic addressed is in constant construction and transformation, and its debate and appreciation are important. Thus, as its main potential, the review showed that social work, despite being a profession of extreme importance and relevance, within the scope of Primary Care, can be considered as new. Therefore, more studies are needed on its importance within the scope of PHC. In this way, the work brings to light the need for new scientific contributions from social service professionals when thinking about the Family Health Strategy.

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