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Professional Integration between Public Health and Social Assistance Systems: Challenges and Possibilities

Adriana Lima dos Santos[1], Lucia Marisy Souza Ribeirode Oliveira[2]

[1]Ms. em Ciências da saúdee Biológicas
Email:acanudos2019@gmail.com
[2]Dra. Desenvolvimento Sócioambiental
Email:lucia.oliveira@univasf.edu.br

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***Palabras clave*— intersectorialidad, asistencia social, intervención profesional, sistemas de salud pública.**

***Mots clés*— intersectorialité, Assistance sociale, intervention professionnelle, systèmes de santé publique.**

***Abstract*—** *In Brazil, social public policies were inscribed in the Federal Constitution of 1988, under the aegis of social rights. Because they are of universal and egalitarian scope, they provide the exercise of citizenship to Brazilians and, in this context, are the Unified Health System (SUS) and the Unified Social Assistance System (SUAS). This study aims to understand the inter-professional integration between these two public policies, whose qualitative approach took the Municipal Health and Social Assistance Departments of the municipality of Senhor do Bonfim - Bahia as the locus of research. The results point to the obstacles that health professionals face in the municipality to provide quality care to the population, however, there is an understanding on their part of the importance of improving the management of these public policies, from the perspective of intersectoriality and integrality of care. and social protection to the population that uses these services.*

***Resumo*—** *No Brasil, as políticas públicas sociais foram inscritas na Constituição Federal de 1988, sob a égide dos direitos sociais. Por serem de alcance universal e igualitário, proporcionam o exercício da cidadania aos brasileiros e, nesse contexto, encontram-se o Sistema Único de Saúde (SUS) e o Sistema Único de Assistência Social (SUAS). Este estudo tem por objetivo compreender a integração inter profissional entre essas duas políticas públicas, cuja abordagem qualitativa tomou como lócus de pesquisa as Secretarias Municipais de Saúde e de Assistência Social do município de Senhor do Bonfim - Bahia. Os resultados apontam os entraves que os profissionais da saúde enfrentam no município para prestarem um atendimento de qualidade à população, entretanto, há por parte dos mesmos a compreensão da importância de se aperfeiçoar a gestão dessas políticas públicas, na perspectiva da intersetorialidade e integralidade do cuidado e da proteção social à população usuária desses serviços.*

***Resumen*—** *En Brasil, las políticas públicas sociales fueron inscritas en la Constitución Federal de 1988, bajo la égida de los derechos sociales. Por ser de alcance universal e igualitario, facilitan el ejercicio de la ciudadanía a los brasileños y, en ese contexto, son el Sistema Único de Salud (SUS) y el Sistema Único de Asistencia Social (SUAS). Este estudio*

tiene como objetivo comprender la integración interprofesional entre estas dos políticas públicas, cuyo enfoque cualitativo tomó como lugar de investigación las Secretarías Municipales de Salud y Asistencia Social del municipio de Senhor do Bonfim - Bahia. Los resultados apuntan a los obstáculos que enfrentan los profesionales de la salud en el municipio para brindar una atención de calidad a la población, sin embargo, existe una comprensión por su parte de la importancia de mejorar la gestión de estas políticas públicas, desde la perspectiva de la intersectorialidad e integralidad de las atención y protección social a la población usuaria de estos servicios.

Résumé— *Au Brésil, les politiques publiques sociales ont été inscrites dans la Constitution fédérale de 1988, sous l'égide des droits sociaux. Comme ils ont une portée universelle et égalitaire, ils facilitent l'exercice de la citoyenneté pour les Brésiliens et, dans ce contexte, il s'agit du Système Unifié de Santé (SUS) et du Système Unifié d'Assistance Sociale (SUAS). Cette étude vise à comprendre l'intégration interprofessionnelle entre ces deux politiques publiques, dont l'approche qualitative a pris comme lieu d'investigation les Secrétaires Municipaux de la Santé et de l'Assistance Sociale de la commune de Senhor do Bonfim - Bahia. Les résultats pointent les obstacles auxquels sont confrontés les professionnels de la santé dans la municipalité pour apporter une attention chaleureuse à la population, sans embargo, il y a une compréhension de leur part de l'importance d'améliorer la gestion de ces politiques publiques, du point de vue de l'intersectorialité et l'intégralité de l'attention et de la protection sociale à la population utilisatrice de ces services.*

I. INTRODUCTION

The first forms of social protection in Brazil were developed through Christian charity andphilanthropy, characterized by the non-intervention of the State in assisting those in need. It was in the 20th century that the Brazilian State began to assume an effective role with regard to social protection, mainly from the determinations issued by the Federal Constitution (FC) of 1988, creating actions to reduce vulnerabilities. The State, therefore, began to intervene to guarantee some minimum services for the survival of those who needed it most (SPOSATI, 2009).

It can be said that the need for social protection is related to economic aspects, through inequalities designed in a given society, political, from the interests of this group of individuals and how these interests influence social relations; and, finally, cultural, especially when there is a cultural construction of segregation in access to spaces, experiences and opportunities, influenced by economic factors (BRASIL, 2009; MONNERAT, 2011).

Social protection is intended for the population living in a situation of social vulnerability, due to their socioeconomic condition; of political factors; the weakening of affective bonds, among other factors. Social protection is fundamental in the face of the precariousness experienced by users of public policies, among them, the policy of social assistance and health. This reflection is based on the understanding that social protection is a challenge for the contemporary world, considering that in order to offer such services, professionals need to enter the reality of the individual, being purposeful and intervening to enable exactly the protection that this person needs. precise, and may find obstacles in the individual's own attitudes; of your family members; friends and community; there is also the challenge of understanding, in a reliable way, what is actually happening in the general context, in order to offer the most adequate protection/care.

Protection is a fundamental social right and the responsibility of the State, to guarantee and meet the minimum needs experienced by the population, in this way, it is important to deepen knowledge about protection, public policies, intersectoriality, about professional performance and how they are implemented. the challenges today.

Public policies must be implemented based on the intersectoriality guideline, in a decentralized and participatory way, as recommended by the Citizen Constitution of 1988, however, it is observed that there is a limitation in the daily life of professional action in health and assistance policies social welfare, which weakens its

effectiveness in terms of providing good service to the population. (BRAZIL, 2012)

The discussion on professional action brings up the debate on intersectoriality and its possibilities to generate a different way of thinking and acting in the face of the demands that are necessary regarding the execution of public policies on Health and Social Assistance. It is important to identify that one of the principles of the Unified Social Assistance System (SUAS) is the intersectoral articulation with the Unified Health System (SUS), which organizes the Public Health Policy, which must be carried out through the network of services in a complementary and with integrated execution with other public policies (BRASIL, 2012).

From the perspective of intersectoral action sohighlighted by the regulations that guide the execution of public social security policies, an interdisciplinary practice is shown to be extremely relevant as a support mechanism for the effectiveness of joint intervention between the various professions involved in these sectors, and should be carried out through the analysis of the interdisciplinary process, whose application of intersectoriality in the field of public policies and the possibility of jointly aggregating technical knowledge, proves to be crucial, given that specialist professionals in a given sector began to participate in collective actions and socialize common objectives, and there is still an increase in studies on this topic.

This article was divided into four parts: the first was a literature review distributed in topics, covering public policies and social protection in Brazil; overview of public health systems (SUS) and social assistance (SUAS); territory as a space for the integrated execution of public policies; reflections on intersectoriality and public facilities; and reference and interdisciplinarity teams. Then, the materials and methods used in the study were discussed; the results and discussions were subdivided in accordance with the data collection instrument. And finally, final remarks.

Given the conjuncture that involves the implementation of public policies today, regarding the relationship between the sectors and also the service to users in an articulated and integral way, greater efficiency was sought in the resolution of the demands in this study, whose objective was to understand the points from a point of view of inter-professional integration in practice scenarios within the scope of the Unified Social Assistance System - SUAS and the Unified Health System - SUS, in the municipality of Senhor do Bonfim - Bahia.

REVIEWING PUBLIC POLICIES AND SOCIAL PROTECTION IN BRAZIL

Social protection supposes an approximation with people's daily lives, where the presence of risks and social vulnerabilities confronts people's capacity; of families; segments and social classes to overcome them". (ANDRADE, 2010).

When discussing public policies and social protection, it is necessary to take a historical view of the country, and remember that there is a Brazil before and after the 1988 Constitution, which brought about the realization of the achievements of the struggles of social movements, with Social Security being the biggest of them.

According to Monnerat and Souza (2011), from a normative point of view, the concept of social security is understood as "an integrated set of actions initiated by public authorities and society, aimed at ensuring rights related to health, social security and social security". to social assistance" (BRASIL, 2002, art. 194). The inclusion of social security, health and assistance as part of Social Security introduced the notion of universal social rights as part of the condition of citizenship, previously restricted only to Social Security beneficiaries. (BRAZIL, 1988).

Prior to the aforementioned FC, the public health system provided assistance only to workers linked to Social Security, approximately 30 million people with access to hospital services, with philanthropic entities providing care to other citizens (FRATINI, 2008).

We can highlight and understand that public policies exist to guarantee and implement the social rights that are guaranteed in the Federal Constitution, and that these are operationalized through services, programs, projects and decision-making by federated entities, union, states and municipalities, with the direct and/or indirect participation of public or private bodies that aim to ensure a certain citizenship right for various groups in society or for a certain social, cultural, ethnic or economic segment.

Starting from the context described above, there is a need to understand how health and social assistance policies are operationalized to guarantee Basic and Special protection/attention to Brazilians and, asstated by Silva and Tavares cited by Junqueira (2000), bring intersectoriality to the center of the debate, whose practice requires broad negotiation, reaching a cross-sectoral dimension from the possibilities of creating perspectives and establishing new values.

In the SUAS proposal, the reciprocity of the actions of the basic and special social protection network, with centrality in the family, is a fundamental condition,

being determined the establishment of flow, reference and backup between the modalities and complexities of care, as well as, the definition of gateways to the system. Thus, the new public-private relationship was regulated with a view to defining basic and special protection services; the quality and cost of services; as well as building standards andcriteria.

The Basic Operational Norm of the Single Social Assistance System - NOB SUAS (2012), in its first article, provides that the social assistance policy, whose functions are social protection, social assistance surveillance and the defense of rights, is organized in the form of a non-contributory, decentralized and participatory public system, called the Single Social Assistance System - SUAS.

PUBLIC SYSTEMS SUS AND ITS

One of the largest and most complex public health systems in the world is the SUS, whose creation provided universality without discrimination to the public health system, becoming a right of all Brazilians from pregnancy and for life, with a focus on health. with quality of life, aiming at prevention and health promotion, with the management of actions carried out in a solidary way between the three entities of the Federation, encompassing primary, medium and high complexity care (BRASIL, 2019).

The SUS was born through pressure from social movements that understood that health is a right for all, transferring management power to the municipalities, thus promoting greater access to health for the population, as well as greater equity and rationalization in the distribution of resources.

The aforementioned decentralization process has expanded the SUS' contact with the reality of the population's needs, putting managers ahead of challenges to organize a regionalized and hierarchical network of health actions and services, seeking to improve management (BRASIL, 2006).

The SUS is organized according to the following guidelines: decentralization, with a single direction in each sphere of government; comprehensive care, with priority given to preventive activities, without prejudice to care services; community participation; regionalized and hierarchical network, thus constituting a single system (BRASIL, 2006).

While the municipal health system has different levels of complexity, it is common for health establishments or bodies in one municipality to serve users referred by another, which requires negotiation between municipal managers. (BRAZIL, 2006).

Primary care/primary care in the SUS according to ordinance 2,488 that approves it, the revision of its guidelines is guided by the principles of universality, accessibility, bonding, continuity of care, comprehensive care, accountability, humanization , equity and social participation. Primary Care considers the subject in its uniqueness and socio-cultural insertion, seeking to produce comprehensive care (BRASIL, 2011).

With a participatory management model, SUAS articulates the efforts and resources of the three levels of government, organizing actions into two types of social protection. The first is Basic Social Protection, aimed at preventing social and personal risks by offering programs, projects, services and benefits to individuals and families in situations of social vulnerability. The second is Special Social Protection, aimed at families and individuals who are already at risk and who have had their rights violated due to abandonment, mistreatment, sexual abuse, drug use, among others. (BRAZIL, 2012).

The SUAS also offers Assistance Benefits, provided to specific audiences in an integrated way with the services, contributing to overcoming situations of vulnerability and also managing the linking of social assistance entities and organizations to the system, keeping the National Registry of Entities and Social Assistance Organizations - CNEAS (BRAZIL, 2019).

The National Social Assistance Policy - PNAS, has the functions of social protection, social assistance surveillance and the defense of rights, organized in the form of a non-contributory, decentralized and participatory public system, called SUAS. To understand what is directly linked to social assistance, as well as its organization, it is necessary and fundamental to understand the categories territory, social vulnerability and social risk. (BRAZIL, 2011; BRAZIL, 2012).

Programs, projects, services and benefits must be developed in the most vulnerable regions, by public units, Social Assistance Reference Centers (CRAS); Specialized Reference Centers for Social Assistance (CREAS); the Specialized Reference Centers for the Homeless; and in a complementary way, by the Private Social Assistance Network, among others, with the family as the focus of attention (BRASIL, 2012).

Quinonero et. al (2013), argue that the “Integrality of social protection”, if materialized by the guarantee and supply of provisions in their entirety, through an articulated set of services, programs, projects and benefits [...] and the principle of “Intersectoriality” that is present in the search for integration and articulation

of the social assistance network with other sectoral policies and bodies, such as those of the Rights Guarantee System. In this way, the actions developed by the PNAS must be permeated by the set of social public policies, because the meaning of social protection goes beyond the possibility of a single social policy and requires the establishment of a set of public policies that guarantee rights and respond to different and complex basic needs (PEREIRA cited by CFESS, 2011).

When analyzing the two public systems, it is understood that protection/primary care is the pillar of their services, which demand that they have a clear and integrated organization. According to the parameters for the performance of social workers "(...) Basic Social Protection is understood to be preventive actions that reinforce coexistence, socialization, reception and insertion and have a more generic character and primarily focused on the family" (CFESS, 2011).

TERRITORY AS A SPACE FOR INTEGRAL EXECUTION OF PUBLIC POLICIES

The territorial perspective brought by both SUS and SUAS represents a relevant paradigmatic change, considering that public actions in the area of social assistance and health must be territorially planned, with a view to overcoming their fragmentation, reaching universality of coverage, the possibility of planning.

And also the importance of monitoring the service network and carrying out surveillance to better identify the problems present in the territories with the highest incidence of vulnerability (BRASIL, 2008).

For Sposati (2008), the territory is dynamic, because, in addition to the natural topography, it constitutes a "social topography", resulting from the relationships between those who live in it and their relationships with those who live in other territories. Therefore, territory is not ghetto, separation, but mobility. Therefore, discussing measures of a territory is a much more complex matter than defining its area, as it implies considering the set of forces and dynamics that operate in it.

The creation and functioning of the SUS at the municipal level makes it possible for municipalities to be highly responsible for the health of all residents in their territory, configuring a new way of looking at the space where people live; to build possibilities so that their living ones do not have to leave their place to seek care through public policies; and above all to live off philanthropy and politics. (BRAZIL, 2006).

Thus, the promotion of intersectoral articulation in the territory covered is understood as collective action that is shared and integrated with the objectives and possibilities of other areas, with the aim of guaranteeing the integrality of the service to social segments in situations of vulnerability and social risk (BRAZIL, 2009).

Kastrup (2011) explains that inhabiting a territory is a process that involves "wasting time", which implies wandering and also assiduity, resulting in a direct and intimate experience with matter.

> "[...] I inhabit the territory where I feel at home, I have skills and I perform movements that seem spontaneous. [...] Skillful handling is an act in flow, a deal with things and situations, an activity and a practice. However, it is necessary to pay attention to the fact that both the invention of problems and the solution of problems are present in the same space of possibilities" (KASTRUP, 2011).

For Schneider apud Pereira et al. (2011), "the territory becomes a reference unit, a level of operation and aggregation adequate to operate the planning of governmental actions and public policies that promote changes and multiple transformations in the social space".

REFLECTIONS ON THE INTERSECTORIALITY BETWEEN PUBLIC EQUIPMENT

Intersectoral articulation promotes dialogue between public policies with their sectors and existing equipment in the territory, enabling greater access for families to sectoral services; enhances the objectives of intersectoral agendas within the municipality, contributing to the definition of priority for access to public services by families, especially those in situations of greater social vulnerability and health issues that can be aggravated.

Monnerat and Souza (2014), emphasize that in the search for more effective results, the health area through the transversality of actions in the social field and its intervention very directed to specific issues, still what prevails in the field of collective health, including there The definition of the World Health Organization (WHO) is the idea of intersectoral action as the articulation of several sectors to achieve better health results, such as, for example, improving infant mortality rates, hypertension, malnutrition and others.

For Rodrigues and Cruz (2015), intersectoriality is constituted by contrasting the sectoral situation on which social policies are supported. In this way, it seeks integrated actions by sectors from various segments that meet the social demands of the population in their entirety. From this perspective, working intersectorally promotes the strengthening of the capacities of public policies to guarantee results in an integral way with families and individuals and their rights in the set of municipal services to be demanded for health, social assistance and education for example.

In the case of CRAS, which is intersectoral in nature, it also functions as a gateway to services, programs and projects of basic social protection, given that it articulates and interacts with other internal and external public services, and focuses on the family and the problems that reach their teams and need solutions (UNICEF, 2021).

Understanding that expanding intersectoriality improves services, since allthose involved come to understand different perspectives of the problems and become more capable of formulating more complete, sustainable and, therefore, more effective solutions, is an urgency in the public service. Having a comprehensive view of the family, carrying out systematic articulation between the services, makes it possible to expand the coverage of the service in the areas of coverage provided for the equipment.

In this way, the concepts of reference and counter-reference in health, despite constituting one of the bases of the desired change for the sector, are still at an elementary stage, both in relation to their possible theoretical meanings, and in the sense of reference. and counter-reference in integrality in health, and the effectiveness and dissemination of experiences, successful or not (FRATINI, 2008).

In short, reference teams are those constituting effective civil servants responsible for organizing and offering basic and special social protection services, programs, projects and benefits and contribute to resolving or minimizing the lack of definition of responsibilities; therapeutic bond; and integrality in health care and social assistance, offering dignified, respectful, quality, welcoming and bonding treatment (NOB-RH/SUAS: annotated and commented, 2011).

It is important to emphasize that the composition of the reference teams is made up of professional categories of higher education, guided by codes of ethics and, therefore, they add this dimension to the services and benefits to the management of SUAS, also establishing that the ethical principles of the respective professions must be considered when designing, implementing and implementing specific standards, routines and protocols, to standardize and regulate professional performance by type of social assistance service (BRASIL, 2011).

INTERDICIPLINARITY IN THE GUARANTEE OF PROTECTION

For Oliveira and Moreira (2017), citing Leff, “interdisciplinarity, therefore, must be understood not only as an integrative method, but as a transforming alternative to the current paradigms of knowledge. In the same direction, Fazenda (2002) points out that interdisciplinarity is a collective attitude towards the issue of knowledge; a project in which cause and intention coincide; a doing that arises from an act of will and that, therefore, requires an immersion in everyday work. In this way, interdisciplinarity is characterized by the intensity of exchanges between specialists and the integration of disciplines in the same project.

Teamwork requires coexistence among professionals, sharing decisions, where each member has his/her role and seeks alternatives for certain questions or situations, where the main mark is responsibility and respect for colleagues, always aiming at the quality of services provided.

II. MATERIALS AND METHODS

To approach the problem, the qualitative research method was used, understanding that the only quantitative nature would limit the study and the subjectivities of the participating subjects. The research was carried out in the public facilities of the Municipal Health and Social Assistance Departments, administratively linked to the Municipality of Senhor do Bonfim, State of Bahia, through a semi-structured interview, in the workplace and at an agreed time with the professionals involved, for this, the prior authorization of the person in charge of the institution where the interviewee is assigned. Even for those interviews carried

out in the online format, the scheduling was for working hours or when the interviewee was in the best condition for it.

The sample was intentional formed by 20 professionals. contemplating the units/equipment in the rural and urban areas of the municipality, linked to the two public policies in question, but taking into account the following inclusion criteria: voluntary participation in the research; reading and signing the informed consent form; higher education training; and professional action in the services, programs, projects and benefits of the health policy and/or social assistance of the municipality for at least one year and accepted to participate in the study by signing the Free and Informed Consent Term (ICF).

The field research was carried out through the application of a semi-structured interview, with open and closed questions, guided by a script and direct observation. The data analysis of the present work was of a descriptive nature through the use of the content analysis technique.

III. RESULTS AND DISCUSSIONS

The sociodemographic characteristics of the participants are presented in the data presented above. A dominant characteristic of the social assistance and health professionals surveyed is that they divide their time in more than one work space, including in other municipalities in the region.

A positive factor diagnosed is that the vast majority of workers have an effective bond with the municipality, which provides an increase in their reference to social and health care.

As for the age of the participants, most fit the profile between 30 and 45 years old and their training varies a lot: They are social workers; Psychologists; Nurses, Lawyers; Degree in Education, who holds a coordination position. The greatest predominance of the social service area was Social Workers, in a total of twelve, all of them with postgraduate courses. Of the effective servers, four are on probation, with one and two years of service. Of these, four work at the Municipal Health Department and sixteen at the Municipal Social Assistance Department.

When asked if they considered necessary actions carried out in their daily work, the totality answered affirmatively, which means an understanding of the need for greater quality at work, as explained in these lines:

> *"I am very happy to assist many people in difficult situations in my work. Helping people in times of pain is very rewarding. I just wish I had better working conditions and better pay. In times of a pandemic, our feeling is increasingly distressing, mainly because I work in a unit that deals directly with death. (professional 17).*

> *"Well, actions are necessary, because today mental health is being increasingly recognized and valued and people are looking for help, they recognize the problem and in fact seek help. Demand is high in the municipality so it is essential work. And how do I feel about performing, I feel good in an area that I like, the Clinical area. I feel pleasure in being able to be helping people in a more direct way and listening, helping, guiding and intervening with the techniques in psychology so I feel good."*
> *(professional 04).*

> *"I can say that while I fulfill myself as a professional in the social area, I see it as a dynamic*

of great responsibility because it involves not only the sustainability of the individual, but above all guaranteeing and protecting their social, civil and political rights". (Professional 13)

"Having contact with the people is very good. I like to provide social assistance, but we still have a lot to learn, we still have a lot to train, to develop, so, contrary to what people think, I don't think it's a bankrupt institution. In Social Assistance, it is difficult to break some historical issues, but our effort is also in the sense of providing, checking information, getting information about rights and duties. I believe the work is good" (Professional 09).

When asked about what they could contribute to improving service to the public, questions and possibilities related to: greater and better quantity of equipment, such as cell phones, computers, better working conditions, adequate workload, increase in reference teams in equipment were mentioned. , expansion of users' rights, service flow, establishing reference and counter-reference and others.

The issue of improving working conditions, the structure of the service both in the health area and in social assistance, is presented in the speeches of the professionals, mainly emphasizing the importance of meeting the demands brought by users, improving the structure and increasing the number of professionals. that make up the teams. In the following statements, the expectations and feelings of the health professionals participants are evident:

"Improve the physical structure for the CAPS service, ensuring accessibility, safety (avoiding stairs and ramps), ventilation and lighting, healthy conditions to welcome and treat people who need to be in the unit to work or be attended to. Equipping, computerizing the data record to enable the management of services, studies and research. Currently, the service is operating in a building without architectural conditions (infiltrations in the ceiling, dangerous stairs and ramps), scrapped equipment (air conditioning, computers, tables, chairs, files) that make it impossible to offer services with better quality and health" (professional 08)).

How? improve the service, well, precisely because the demand is high and the workload is only 20 hours, so I see that a small workload is still not enough to meet all

the demands. If the workload was longer, even to better divide the time of care for each patient, or if we had more professionals, psychologists, working in the municipality, in the health area, for all the demand that exists in the municipality, I think I already answered a little of what can be modified to improve. I believe it would actually be more in that sense. (professional04)

In addition to strengthening the bond, it could distribute a healthy snack to the children accompanied by CriançaFeliz. Create channels directly with the program's priority audience; that the demands brought by the visitor were reviewed or forwarded without having to go through the bureaucratic process. (Professional 15).

As for improving service to the public, several suggestions were identified by the interviewees, the most evident being the improvement of the structure and more adequate working instruments; implementation of internal and network service flow; distinction of emergency and prevention services, or improve those that consequently belong to basic and special protection of social assistance, as well as those of primary and specialized care, of urgency and emergency of Health. Implementation of management protocols that exist theoretically but do not work in practice, and something well requested was the expansion of teams and/or increase in paid working hours for those who are due.

"I wouldn't put it directly to myself because actually if it were to increase my workload I'm not interested, but in the sense of hiring other professionals to improve this work because that would be very positive for the entire population. The more professionals, the less waiting list for the population. And also, increase the number of daily appointments, to reduce the wait, not to mention that professionals need to have a healthy environment at work to ensure their mental and emotional health (Professional 4).

Regarding the issue of workload, it was clear in the research that it is an obstacle for both public policies, mainly with regard to service throughout the territory covered by the municipality. When asked about future expectations in relation to work, the answers were very different, as can be seen in their speeches:

"Without many expectations on the part of management, but always believing that I will still achieve through my actions a future achievement (personal and professional) and in

the lives of users" (Professional 07)

"[...] have appropriate training for both supervisors and visitors" (professional 15).

"By identifying with the issues that involve the demands of users and by contributing to the formulation of actions that enable autonomy and strengthening of bonds and construction of new knowledge and practices". (Professional 08)

"I feel frustrated, because we work as if we were bridges in guaranteeing rights, but we can't promise anything to anyone, that we'll get it, and sometimes I think that makes me very frustrated, and also when things lock when we want to see change. Today I'm a little like that, very unmotivated. (professional 19).

Achieve the largest possible number of user registrations in order to interrupt the cycle of poverty and misery. And develop excellent work. (Professional 13).

Still, regarding professional identity, when starting a discussion, it is important to recognize that in the construction of identity, the territory is the main component. Regardless of the perspective, whether social or professional, recognizing oneself permeates people's daily lives and living conditions, being essential for the transformation process (SACHINI and RIBEIRO, 2021).

It was still possible to observe that the vast majority likes the work, and intends to continue in the role they perform. Seventeen respondents stated that they do not intend to change their activity and only three intend to seek other job possibilities.

Regarding the intention to continue the activities they currently carry out, the interviewees who do not intend to continue in the public health service, justify their discomfort with the way in which the management conducts the activities. Those who intend to remain, even if they are dissatisfied, believe that changes can happen, hence their resilience and belief in the public health service, thus manifesting themselves:

"By identifying with the issues that involve the demands of users and by contributing to the formulation of actions that enable autonomy and strengthening of bonds and construction of new knowledge and practices" (Professional 08).

"I love being a social worker, being useful through my professional intervention" (Professional 17).

"For obvious reasons, to mature within the area I chose for my life". (Professional 13).

Regarding the professional qualification of the interviewees, all participated in training and even after the beginning of the pandemic, they started training courses and participation in seminars, congresses, workshops, among others in their specific area of activity, on their own, without the institution offering any help. However, the NOB/SUS states that it is necessary to "develop actions for the qualification of primary care professionals through

permanent education strategies and the provision of specialization courses and multi-professional residency". (BRAZIL, 2006). Therefore, professional qualification is substantial for an innovative work practice and within the parameters provided for in the Operational Norm of Human Resources - NOB/RH, the training of Social Assistance workers must be permanent, it is worth noting that the vast majority of training took place remotely, with costs below what would be conventional.

Research carried out by the National Institute of Educational Studies and Research Anísio Teixeira (Inep), shows that Brazil already has more students enrolled in online courses than in face-to-face courses. This growth is related to the pandemic of the new coronavirus, which drastically influenced the increase in students enrolled in online courses, a teaching modality that had already been on the rise in recent years.

The Ministry of Citizenship and Health provides access to courses through websites that offer several courses for free and with certification. However, qualification also depends on the personal will of each professional, but it is important that the institution seeks a way to encourage and guarantee the participation of workers in the continuing education process.

In the survey of answers about the activities that the interviewees could possibly carry out with professionals from the Department of Health and Social Assistance, it appears that the home visit is in first place and team meetings in second, with the most evident options being what refers to a daily practice between the two areas, provided for in the regulations and guidelines of the services, programs and projects of the two public policies. Next comes a case study and, in the third, use of a common file with other professionals, and fourth, group work.

With regard to the activities chosen, it can be said that these themes had as their main objective to act as a work tool to ensure that the demands that come to the health and social assistance services of the municipality of Senhor do Bonfim are met.

Social work essential to PAIF/CRAS, for example, is based on welcoming; social study; home visit; guidance and referrals; family groups; family accompaniment; community activities; socio-educational campaigns; information; communication and advocacy; promotion of access to personal documentation; mobilization and strengthening of social support networks; development of family and community life; mobilization for citizenship; knowledge of the territory; socioeconomic registration; preparation of reports and/or charts; notification of the occurrence of vulnerability situations; social risk and active search.

Such elements were identified in the reports made by the interviewees, which is in line with the work base guided by the norms of professional practice, but still in an incipient way with regard to the work between professionals in the two areas jointly and frequently, being more accomplished when the result of a provocation.

In order to analyze and reflect on the perceptions of the interviewees about the actions that require complementary and integrated action between public policies, an analysis of the concept/perception about intersectoriality, integrality and interdisciplinarity was carried out.

> *"The work, the intersectoral action is what we can do with a really connected network, an intersectoral and interdisciplinary intervention, so the climate in which others and all of them are involved in the monitoring process, due to the intersectoral work. It is characterized by that, where we can go and establish a network of action, which effectively monitors that person" (Professional 09).*

> *"Intersectoral work is when you articulate several policies, several sectors, several actors for the same common objective" (Professional 19).*

> *"Intersectoral action is the learning process where management needs to be determined and integrated to*

produce results and respond efficiently to solutions to problems encountered" (Professional 13).

In order forintersectoriality to occur, it is necessary that the sectors dialogue with each other, get to know each other and build ways of working together (BRAZIL. 2012).

The answers related to the understanding of intersectoral work or action demonstrate that they are in line with the literature review carried out. of will and deliberation of the management and also of the professionals involved.

"I think that with all sectors, but with whom it is more evident and what I see is the articulation with social assistance that we have many weaknesses and that health cannot, the basic health unit cannot provide account of the lack of education. It's very important because they manage to open the doors so that we can really do health education at school and everything else is another sector that I think is quite fundamental, which I don't even know how to describe. But it would be the appointments sector in the health area, a sector where people sometimes identify the need for a more urgent demand and we somehow do not get faster feedback; we can't do it as fast as we should. Articulation between the sectors of the network in general, but when you say intersectoral, you only refer to the issue of sectors within health or, in general, the articulations, for example, with the school. There are many pregnant women in adolescence whose information is fundamental for us, educate in health and guide family planning" (Professional 05).

Intersectoriality is materialized through the creation of communication spaces, the increase in negotiation capacity and the availability to work with conflicts. Its effectiveness depends on an investment by municipalities in promoting local intersectoriality, as well. the ability to establish and coordinate flows of demands and information between the organizations and social actors involved.

Municipal Law nº 1423/2017, which established the municipal SUAS in Senhor do Bonfim, provides in its article 7, sole paragraph, that it is up to the Municipal Secretary of Social Assistance to maintain a system of regulation of work processes, with the definition of quality standards , flows and interfaces between services, promotion and inter-institutional and inter-sectoral articulation. (Senhor do Bonfim, 2017).

The articulation between sectors and knowledge, aiming in a common way, to respond in an integrated way, is what most clearly characterizes intersectoriality. It is a new way of working, governing and building public policies, which makes it possible to overcome the fragmentation of knowledge and social structures, to produce more significant effects on the lives of the population, effectively responding to complex social problems (BRASIL, 2012). .

For Leite, Lopes, Ruas (2015), practices built across professional boundaries are only possible when one is able to think beyond disciplinary boundaries, thus,

intersectoral actions and interdisciplinary teams will only be able to be concrete when interdisciplinarity is in the educational organization itself.

In relation to what can contribute for the interdisciplinary practice to be a constant in the health and social assistance services of Senhor do Bonfim, a very direct relationship is identified with computerization, creation of integrated systems between the two municipal secretariats, although in the electronic systems already exist E-SUS, for example, where all services are launched, as well as in assistance there is already a simplified electronic medical record, but stillthere are no tools for data to be cross-referenced and used efficiently by teams. Sometimes there is no equipment with internet. The seriousness is that it is not known for which services, programs and projects, the patient assisted by the teams has already had access, hence the relevance of interdisciplinary practice.

Another factor mentioned by the interviewees in relation to the interdisciplinary practice in the services is related to a better organization of the services, of the technicians/professionals having determined and "authorized" time to exercise the practice in this way. The understanding that those who occupy leadership positions (managers, directors, coordinators) need to have to enable actions, have autonomy and technical knowledge of how the service should be, because interdisciplinarity is a practice provided for by the norms that organize services such as PAIF of social assistance and the health FHS, but the quantity of care is often prioritized, the numbers, and not the quality, the integral look at the user/patient who demands care/service, and which often happens in a fragmented way, thus losing its effectiveness and efficiency, with more clinical, welfare, immediate actions.

Seeing the problem of social issues and their resolution, reminds us of the principle of articulation between public policies so recommended by the Citizen Constitution, which lack the revision of regulations, since there are municipalities that are with new managements, new people occupying management positions, who need knowledge of their area and that of others.

The interdisciplinarity at SUAS characterizes a collective political project that aggregates and directs diverse interests in the understanding of social assistance as a right, and as a public policy consolidated in the unified system, towards a broad and universal system of social protection, with democratization of income and wealth, and socialization of participation (SILVEIRA, 2011).

Despite the limits and challenges highlighted in this study for the integrated practice between SUS and SUAS in the municipality in question, the results are related to the identification of bottlenecks that make communication difficult and consequently professional intervention in the perspective of interdisciplinary action between professionals, and, above all, , the integrated action between the two public policies in the municipality of Senhor do Bonfim - Bahia. The study preliminarily pointed out some of the obstacles to the integration between the two public policies, which hinders the expansion, quality and resolution of service and monitoring of users, namely: high demand and quantity of professionals/insufficient workload to suppress demand ; lack of time to carry out interdisciplinary activities; lack of integrated planning; low or inadequate form of organization of actions in the territory covered by health and social assistance services in accordance with the principles and guidelines established by the TC of 1988, which guarantees intersectoriality. Still the lack of understanding of the coordinations/leaderships that are in front of the equipment regarding the real attributions of the professionals and the objective of the service, program, project and benefit. There is, however, a conservative, clientelistic and sometimes welfare ideology, with a partisan political bias, still seeing public policy as a government action and not as a duty of the state.

The possibilities and ways to improve professional performance are directly related to the way of acting, the daily practice of professionals and the understanding of leaders (managers, coordinators, directors), regarding the prerogatives of each service, program, project and benefits; respect and guarantee of permanent and continuing education of all actors, and not only of the reference teams, but of the management of public policy and the instance of social control, even because, despite the fact that there are a number of professionals with an effective bond in the In the municipality, the management positions are freely appointed, which tends to change with each new administration, requiring a reorganization of work in the direction of intersectoriality and integrality of care and social protection.

In order to improve service to users by health and social assistance services, in the logic of intersectorality advocated by the regulations of the two public policies, it is essential to build a process of continuous and effective dialogue between managers for the elaboration of an integrated protocol and/or flowchart. service for the municipality, in order to facilitate communication between sectors and the relationship with the target audience. It is worth remembering that there are already protocols and flows defined by the state and national bodies on the subject, but it is necessary that they

are in accordance with the local reality, prepared with the participation of professionals who are at the forefront.

It is also essential to carry out a diagnosis of the reality regarding interventions that require articulation, interdisciplinary practice among professionals, and that the management has a technical and administrative look that guarantees the applicability of what is defined in the standards of the services, programs and projects and, above all, that guarantee the integrality of the service to the demands of the users, seeking to act on all aspects of the lives of individuals and families residing in the territories covered by the municipality.

The open questions made it possible to carry out the analysis of subjective information, brought to the light of the interviewees' perceptions about daily practice in real work spaces in the municipality of Senhor do Bonfim, on concepts such as intersectoriality, interdisciplinarity, integrality that brought many elements to be considered. .

Due to the COVID 19 pandemic, new ways of acting and thinking have emerged, the way of dealing with health-disease has been demanding many of the professionals of the two public policies, who throughout this period have not been able to stop their activities because they are activities of extreme relevance. and essential for the population, even seeing co-workers die, fear of taking the infection into their homes and not knowing for sure what the future will be like. At the moment, the main focus is on the virus (prevention and cure), but at the same time social issues are getting worse every day, as a result of the high unemployment rate, the return of hunger and vulnerability. It is noticed that, as a relevant aspect brought by the teams, the lack of professionals to meet the demands is the biggest limiting factor for the quality of the service.

The two policies are part of the tripod of social security, along with social security, but the form of financing is unfair and unequal. There were no ways of mutual accessibility between their operations, even the simplest ones that provide a more integrated operation within the common territories of attention and care, as observed in the analysis and observation of the study.

Assuming that desire and technical knowledge when they go together can make a lot of difference, it is possible to envision the improvement of care provided to users by professionals in the municipality in question, valuing and prioritizing integration actions within the entire territory where the activities are performed shares.

In this context, it is urgent to implement management techniques, with an emphasis on matrix support, creation of forums for SUAS and SUS workers, management committees, and even an intersectoral nucleus for the joint elaboration of proposals to facilitate dialogue between the secretariats and sectors and the organized civil society of the municipality.

Thus, this study is considered a theoretical contribution on the integration of SUS and SUAS, in the municipality of Senhor do Bonfim, encouraging the other municipalities in the region to reflect on their practices and on how integrality has been guaranteed. Finally, there remains the affirmation that a workspace deserves prudence and care, and its workers deserve attention and listening in the direction of the best choice to intervene in reality in an integrated and efficient way.

For the functioning of SUS and SUAS, with regard mainly to human resources, there is NOB-RH\SUAS, however its full implementation is still a challenge, taking into account the precariousness of work in management and operationalization. of this system and the precariousness to which workers are subjected. A challenge that presents itself is the realization of a public tender to balance the quantity of human resources and the adequate working conditions, qualification policies and permanent education, of the workers.

It is also essential to incorporate new information technologies at work, to ensure the intersectoral practice of social policies, thus allowing the positive impacts of the process to be visualized.

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