Research on **work processes and team organization of Support Centers for Family Health** (Núcleo de Apoio à Saúde da Família) of the Ministry of Health (Ministério da Saúde) / Brazil)

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ABSTRACT--- *This article presents a hybrid research project, for it articulates qualitative and quantitative aspects, and has as object the Support Center for Family Health (Núcleo de Apoio à Saúde da Família - NASP) which is an instrument of the Ministry of Health (Ministério da Saúde)/Brazil for support and extension of the Family Health Strategy (Estratégia da Saúde da Família) and as subjects the teams which work in NASF. It is a multicentric project integrating professors and reseachers from different Higher Education Institutions from five (05) Brazilian states. It is intended with this integration, besides investigating reality in the Support Centers for Family Health (Núcleos de Apoio à Saúde da Família - NASP) in the states involved, contributing to the vocational training in the area of health and for the fortification of SUS (Unified Health System). The emphasis of the research is on the processes of intersectorality, interdisciplinarity e integrality.*

Keywords--- intersectorality, interdisciplinarity, integrality

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1. INTRODUCTION

The staff of the Center for Studies and Research in Labour, Health and Intersectorality have investigated the intersectorality among Brazilian public policies. The challenge of intersectorality and interdisciplinarity is expressed in maintaining boundaries between knowledge and practice , in the immobility and perpetuation of the distribution of power between professional categories, the policies among managers and among employees of service networks , the flow of knowledge and information and approach movements between professionals and population still fragmented and partial; overload of responsibilities and activities that hinder the development of excellence in professional actions, but also expressed in the actions to protect victims of violence, and care to people with mental disorders and in general health identified as intersectoral action developers.

Analyses performed in previous researches reiterate the importance and commitment to keep densifying studies on intersectorality and on Politics of Health, for it is reiterated that the general public that seeks this policy in order to overcome their vulnerabilities often finds the necessary acceptance. This public finds a "system of health care completely fragmented, reactive, episodic and turned, coping with acute conditions and acute exacerbations of chronic conditions" (Mendes 2011, p.18), with partial, vertical and focal actions, in which hardly a dialectic of needs of individuals is established.

Identified the need to deepen the theme relating to intersectionality betting on greater interaction and dialogue between policies, building and fortifying social networks so that actions are expanded and consolidated in its entirety. Unravel the social reality of how intersectionality is done in practice is an important support for policies aimed at coping with expressions of social issues and this perspective both policies have shown efforts to organize and reorganize its network of care tool.

Therefore, broadening the spectrum of research and deepening the previous findings, the design on screen expands the network and partnership for researchers from 05 HEIs in 05 states and directs their efforts to learn how to compose teams Centers of Support for Family Health (NASF) Health Policy and how to configure their work processes.

2. JUSTIFICATION

The Policy of Health (Política da Saúde) has shown efforts at reorientation of the health care model with this issue, continuing concern in health conferences promoted by municipalities, states and federal government. Fields in varied works has appointed the existence of two "great sanitarian projects" in Brazil, and which he describes as "the polar traditions of the national health systems and the liberal-privatist alternative"(1991,p.5), used as a resource for identifying how health systems and models of care work.

It is important to highlight that the measure of consolidation of the Unified Health System / SUS does not follow the same measure of impositions of neoliberal project which ignores the needs of the general population.The changes imposed by this new health care system are dilatory and demand great efforts and thereby differentiate the rapid changes that are constructed in authoritarian environments (Mendes, 1996). The SUS, as a social process, has given political dimension that will be built on democratic environment, which presents, in health area, different social actors participant in various projects" (1996, p.1).

Thus, it is important to be aware of the implications and provocations that a system of universal, free and equitable health will result in a country that emphasizes its subordination to the neoliberal project, since the design of health-disease, this system creates a new health paradigm: changes, changes, changes. That will be the word of our time.

In the reorganization of health care investments in the Family Health Strategy (Estratégia da Saúde da Família - ESF), as an entry into the health system, a major impact requiring the construction of criteria and contracts was triggered. One that would ensure continued and full care, with attention focused in family and community participation.

This reorientation is materialized through teams comprised of professionals in the health field but from different categories in order to account for the diversity of situations demanded by reality. These teams should be located in a basic health unit responsible for a defined geographic area and have under their care are also a number of families previously defined[1]. Their actions are guided an extended health perspective, overcoming the curative or rehabilitative model and working in promotion and prevention. The consolidation of this proposal depends on several factors including the ability to constantly monitor the movement of reality by building new practices in new scenarios that meet the demands of the reality of the population.[1] For both teams waive profile able to continence and respond to daily challenges innovating a network of health sometimes steeped in the biomedical, hospital-centered and elitist heritage.

In order to participate in the consolidation of the ESF, Ministry of Health proposed the Centers of Support for Family Health (NASF) which in addition to "support the insertion of the Family Health Strategy in the service network and expand the scope, the resolution capability, the territorialization, regionalization" contribute to the "expansion of the shares of APS in Brazil" (MS, 2009, p.7).

According to the Ministry of Health, the NASF is being deployed incrementally since 2008. Initially 395 were implanted, then in 2009 the number increased to 952; in 2010 to 1286; to 1,564 in 2011 and finally in 2012 the total NASF deployed in Brazil is 1,783 (http://189.28.128.178/sage captured on July 19, 2012). A significant increase in the deployment process was observed despite only a population around 191 million Brazilians located in 5565 municipalities. Of the 26 Brazilian states, although there are NASF in all of them, in only 15 of these states the NASF are located in their capital cities. Although the municipalities will be accredited since 2008, a growth of just over 4 % in the number of deployed NASF has been recorded. As for the states included in this project, it was identified:

- **Rio Grande do Sul** - 18 of 496 municipalities are accredited with 26 NASF to serve a population of 10,693,929 inhabitants, with only 3.7% of its accredited municipalities.

- **Santa Catarina** - 32 of 293 municipalities are accredited with a total of 46 NASF to serve a population of 6,248,436 inhabitants, having 15.3% of its accredited municipalities.

- **Paraíba** - 74 of 223 municipalities are accredited with a total of 115 NASF to meet an estimated 3,766,526 inhabitants, thus having 51.5% of its accredited municipalities.

- **Rio Grande do Norte**, 46 of the 167 municipalities are accredited with a total of 55 NASF to serve a population of 3168,027 inhabitants, thus having 27% of its accredited municipalities.

- **Bahia-**130 of the 417 municipalities are accredited with a total of 158 NASF to serve an estimated population of 14,016,906, thus having 31% of its accredited municipalities.

These constatations, allied to the aspects previously appointed about the participation of NASF in the health system, confirm the importance of the implementation process of the NASF is accompanied with rigor and that teams of NASF has an appropriate size to its responsibility profile. Regarding the formation of the NASF team, Ministry of Health determined that:

> A NASF should consist of a team, in which professionals from different areas of expertise work together with the professional teams of the Family Health, sharing and supporting health practices in the territories under the responsibility of the SF teams. Such a composition should be defined by

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[1] [1] Max 4000 inhabitants, being the recommended average 3000 inhabitants of a given area, and these shall be co-responsible in health care. (http://dab.saude.gov.br/atencaobasica.php#saudedafamilia captured in May/2012)

the municipal managers and teams of SF upon criteria identified priorities based on local needs and the availability of professionals from each of the different occupations (MINISTÉRIO DA SAÚDE, 2009, p7).[2]

The judicious care in the formation of the NASF team is to ensure that they are qualified to work with interdisciplinarity and intersectorality according to the guidelines of the Primary Health Care (Atenção Primária à Saude, APS) , and also in view of " continuing education of health professionals and population , development of the concept of territory; entirety , social participation , popular education, health promotion and humanization " (MS , 2009 , p.7) . The scientific concern that fosters this project was instigated by the requirement that the MS teams are defined by the managers, and this requirement may jeopardize the decision criteria since managers often take partisan political positions and that many of their decisions comply the needs of his political party. The limit is on the influence of family health teams that will participate in this definition. These are some of the issues with which this project aims to bring a consistent and rigorous manner and thus deepen the knowledge about the composition of the teams from NASF, order selection and hiring of professionals, work processes developed by team members, contribution in comprehensive health care and participation in teams of NASF in the states contributing to the structuring and consolidation of public policies that respond effectively to the needs of the population.

3. RESEARCH PROBLEMATIZATION:

The indication that these teams work from the perspective of intersectorality and interdisciplinarity that will encourage and guarantees of completeness in health care of the population, interest in knowing how the teams are composed of NASF and as configures the working process of these teams is what guides this project and their main question. How are NASF teams formed and composed in the states of Rio Grande do Sul, Santa Catarina, Bahia, Rio Grande do Norte and Paraíba and how to configure the working processes of these teams and are they in line with the recommendations in the guidelines of NASF/MS?

4. GENERAL AIM:

This research aims to investigate the constitutution and composition of NASF teams and understand and analyze the work processes of these teams in the states of Rio Grande do Sul, Santa Catarina, Bahia, Rio Grande do Norte and Paraíba in order to contribute to the professional development interventions committed to the guidelines of the NASF, with the principles of the Health System, with strengthening of intersectorality and able to meet the challenges of the contemporary world.

5. METHODOLOGY

The methodology consists of different steps for the completion of research and knowledge production arises precisely from the interaction between the research process and its outcome in the interviews collected in different stages of the research. The professional practice is qualified to research and social research and, besides, we can, with the support of the knowledge production, subside qualification of public policies needed to the social worker.

The project exposes facts and its consequences that are linked to social, political and economic context and to better appropriation, interpretation, and analysis of these shelters is the dialectical method, which is present in the investigation of reality through estudo. Thus it is believed that " ... the dialectical method is contrary to the whole hard knowledge: everything is seen in constant change, as there is always something that comes and develops and something breaks down and is transformed" (ANDRADE, 2005 p.133). So from its conception to its implementation this research project will be guided by the categories used in this method and shall guide all actions and interpretations, so the historicity, contradiction and the whole will be used primarily to understand that this movement accomplished by the worker in his "professional do "; construction and reconstruction of knowledge that illuminate their professional practice. For a fuller understanding of reality and reflections on the object of study, it should be seen as part of a broader context, considering that the whole should not be understood only as the sum of the parts, but as a set comprised of related and interconnected parts, influencing each other.

5.1. Instruments and techniques for data collection

It is known that the tools and techniques are specific procedures used for data collection (ANDRADE, 2005) and in this project, and by what it is proposed to be investigated; the collection will be developed from a set of diverse and complementary sources. This collection should allow a sufficient number of information and data that will be worked on content analysis whose size will include the various documentary sources, as well as obtained through participant

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[2] Translation piece from: Um NASF deve ser constituído por uma equipe, na qual profissionais de diferentes áreas de conhecimento atuam em conjunto com os profissionais das equipes de Saúde da Família, compartilhando e apoiando as práticas em saúde nos territórios sob responsabilidade das equipes de SF. Tal composição deve ser definida pelos próprios gestores municipais e as equipes de SF, mediante critérios de prioridades identificadas a partir das necessidades locais e da disponibilidade de profissionais de cada uma das diferentes ocupações (MINISTÉRIO DA SAÚDE, 2009,p7)

observation, interviews and focus group. It is intended through this methodology to complement the information in order to triangulate sources and important techniques in the execution of a research.

> The triangulation is necessary, since the possibility to make use of different techniques or different sources contributes to the reliability of the research, triangulation is defined as a process to ensure the reliability of the data collected through a combination of procedures or methodologies in the study of same phenomenon, with multiple reference points used to determine characteristics of an object of study with greater confidence, seeking greater accuracy in judgments, the search for different data types or from different sources related to the same phenomenon, ensuring that the variance it reflects what it is and not (LEOPARDI , 2002 p.219 - 220) method.[3]

So with this understanding, document research allows a first approach to the assumptions that underlie the guidelines of the NASF and principles of the Unified Health System (Sistema Única de Saúde - SUS) in the context d each of the five (05) states involved. For this approach beyond an analysis of Health / PS Policy and Guidelines NASF will be used for documents and records used in the planning and organization of work teams. Besides the desk research, participant observation allows the researcher takes to be a member of the group because it is an investigation in which the researcher, to propose to the data collection, participate effectively in the situation, including intervening, changing proposing. Requires a mode detailed record of both the objective information as to their **impressions of the observed**,

> "[...]Deals with the investigation where the researcher, at the task of collect the data, effectively has participation in the situation, including intervened, changing, propose. It requires a thorough method of register objective information, as their own impressions of the observed. [...]" (LEOPARDI, 2002, p.171-172).[4]

In this sense, the study in progress involves possibilities of intensification and its spectrum, because the combination of various research sources enables an analysis that encompasses the complexity of reality that would otherwise remain obscure.

The **interview**, this process is of fundamental importance for rapprochement between subjects involved in the researched reality, it is characterized by being " an encounter between two people, so that one get information on a particular subject, by a conversation of a professional nature " (MARCONI , 1999 , p.84). The interview to be adopted will be semi -structured, i.e., with a pre - established script, containing open and closed questions. The technique will be held in the form of form. The interviews will be conducted by members of the research team, trained for such, will be presented and read the Statement of Informed Consent.

The **focus group** is a technique that allows freedom of speech, expression and opinion of members by facilitating the interaction between them, and the lines, considerations, opinions, beliefs, thoughts are already considered search results. The focus group for this project will address topics on the work and profile of the teams, the work routine, main achievements and difficulties in deployment and implementation of the NASF and the most frequent requests, the goal is to understand the perceptions and processes of interaction between teams in different states, evaluations that have definitions and opinions elaborate. Defined as "a research technique in which the researcher gathers in one place and for a certain period, a certain amount of people who are part of the target audience of their investigation, aiming to gather from the dialogue and debate among them, information about a specific subject " (NETO et al, 2001: 9.), the focus group will provide information and impressions that will subsidize and guide the researchers in actions, proposals and nucleated changes. There will be 01 focus group by state, and these groups will be composed of members of the NASF teams that do not participate in the interviews.

Data analysis already starts in the pre -analysis of a study guided by theoretical frameworks and formulations identified for research. From the data collection, and subsequently by graphical representation (ANDRADE, 2005, p.152) "the discussion of research findings, based on analysis and interpretation of data will be done." The interpretation of these data will occur in stages, starting with the coding procedure, each interview to identify and map their bound the intentions of the research content. The results will be identified consisted order to proceed to the classification of data into categories already defined previously and some possible emerge over the course of the analysis. Named this stage of

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[3] Translated piece from: Triangulação é definida como um processo de garantir a confiabilidade a dados coletados através de uma combinação de procedimentos ou metodologias, no estudo do mesmo fenômeno, sendo usados múltiplos pontos de referência, para determinar características de um objeto de estudo com maior confiança, buscando maior precisão nos julgamentos, pela busca de diferentes tipos de dados, ou em diferentes fontes, relacionados ao mesmo fenômeno, assegurando que a variância reflita aquilo do que se trata e não o método (LEOPARDI, 2002, p.219-220).

[4] Translated piece from: [...] trata-se de uma investigação em que o pesquisador, ao propor-se à coleta de dados, efetivamente participe da situação, inclusive intervindo, mudando, propondo. Requer um modo de registro minucioso tanto das informações objetivas como de suas impressões sobre o observado [...]" (LEOPARDI, 2002, p.171-172).

categorization, will be the time that the analysis will suffer a constant comparison between data in explicit units. Content analysis identified disclose, clearly, the process of social workers collected in conjunction with the research and literature. Approximation of the data collected with their meanings, subsidized by the literature review, and based on the new emerging categories will occur - . The final systematization of data will be configured with the review, discussion and decision making about the research process, whose function will centralize the information collected to allow his problematic interpretations, as well as setting guidelines for action. The checking and cross data should be carried out in quality and quantity consistent with the level of expected deepening of the study and the strategy for the implementation of the action. Since then there is the monitoring and evaluation and, finally, the socialization of knowledge through dissemination of results. Such disclosure may be effected through publication in journals in the field, conferences, symposiums, reporting institutions involved, workshops.

5.2. Ethical aspects:

The importance of this research is also explicit in the care and thoroughness with which it is proposed to deal with the individuals involved and in compliance with the requirements spelled out in Resolution CNS 196/196, which states::

> [...] The free and informed consent and protection of vulnerable groups. In this sense, research involving human subjects must always treat them in their dignity, respect them in their autonomy and defend them in their vulnerability; weighing risks and benefits, both actual and potential, individual or collective (beneficence); warranty foreseeable that damage will be prevented (non-maleficence); social relevance of research with significant benefits for research subjects and minimizing the burden on vulnerable subjects, [...] (COSTA, 2008,p.46)[5]

The subjects will be informed about the matter dealt with in this research being up to them the decision to participate or not. All have access to the project, will be consulted in advance and have access to the Statement of Informed Consent Form, in duplicate, as required by Resolution No. 196/96 of the National Health Council (BRAZIL, 1996). It is known that the term of free and informed consent (IC) "was one of the first resources of research ethics and, in a sense, can be considered iconic. The history of research ethics is deeply related to IC "(LUNA 2008, P153).

5.3. Universe and Sample:

The universe shows the full definition of the set of NASF located in the states mentioned in this project (ANDRADE, 1993). The universe will be adopted from the NASF located in the states of Rio Grande do Sul, Santa Catarina, Bahia, Rio Grande do Norte and Paraíba that have deployed NASF. The selected teams will be coming these NASF. Also included are managers in order to investigate the processes of selection, recruitment and composition of teams. As states have significant difference in the amount of NASF (26, 46, 158 and 115), we intend to calculate a sample of 20% in each state keeping with the realities of each region. This means that: - RS on 26 NASF sample will be 06 teams / NASF; - SC with 46 NASF sample will be 10 teams / NASF; - PB with 115 NASF sample will be 23 teams / NASF; - RN-55 NASF sample will be 11 teams / NASF; BA-158 NASF with the sample be 31 teams / NASF. Total: 81 teams.

Managers will be defined from the availability and interest of which the size of the sample will follow the same criterion of 20% per state.

- RS 18 municipalities of the sample is 03 managers; - SC with 32 municipalities will sample of 06 managers; - PB 74 municipalities of the sample is 08 managers; - RN with 46 municipalities will sample of 09 managers; - BA 130 counties with the sample will be 13 managers. Total: 39 managers included in the survey

TOTAL SAMPLE: 120 participants in five Brazilian states

6. PARTICIPANTS

Os participantes will be teams of NASF and managers of Health Politics, responsables ofr the selections and hiring of the teeams.

7. HEALTH POLICIES AND SUPPORT CENTERS FOR FAMILY HEALTH (NASF)

In the Brazilian health policy is observed that the structural processes characterized by submission of social policy to economic policy and the intensification of social inequality are reproduced across the political context from management , work organization with direct and indirect repercussions on the model attention guiding actions and services . This finding triggers another that is a finding of lack of access to necessary for the realization of the right to health in the population and a strong precariousness of work experienced by workers themselves in the exercise of its function conditions. No one denies the importance of the achievements however this review is careful not to politicize

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[5]Translated piece from: [...] o consentimento livre e esclarecido e a proteção a grupos vulneráveis. Nesse sentido, a pesquisa envolvendo seres humanos deverá sempre tratá-los em sua dignidade, respeitá-los em sua autonomia e defendê-los em sua vulnerabilidade; ponderação entre riscos e benefícios, tanto atuais como potenciais, individuais ou coletivos (beneficência); garantia de que danos previsíveis serão evitados (não- maleficência); relevância social da pesquisa com vantagens significativas para os sujeitos da pesquisa e minimização do ônus para os sujeitos vulneráveis, [...] (COSTA, 2008,p.46)

the debate and not deny the contradictions, as the construction of proposals addressing the training of human resources, integration theory / practice / gym for overcoming these contradictions is necessary in reordering the training, the construction of new social actors and new practice scenarios that can positively impact the consolidation of the Brazilian Unified Health.

The challenge for health policy makers and professional bodies, where the academy is to transform knowledge and practices in the field of health in responding can press the plurality of needs and specificities of reality. For this, it is essential to establish practices that consider different knowledge and practices in their daily work, day- to-day teams and population.

It is always good to remember in the midst of these discussions that the Health Policy / PS stands in the Brazilian scenario as the main policy to contribute towards the achievement of rights to participate actively in social struggles. Explained: in the democratization process, the health sector and the participation of popular health movements in the struggle for access to and quality of care triggered the Health Reform Movement, this in turn inspired the VIII National Health Conference (1986) to which subsidized the text of the Federal Constitution in 1988. Gerschmann to problematize the "unfinished democracy" reiterates the importance of this sector when states.

> The redesign of the health sector began in the mid '70s and brought as an intellectual and political leadership calling itself the Sanitary Movement. Was a small group of intellectuals, doctors and political leaders from the health sector, the majority of the Brazilian Communist Party. The group influenced the academic field and scored boost with the creation of preventive medicine departments in colleges, from which it spread critical thinking health. (GERSCHMANN, 1995, p. 70)[6]

It appears that workers' participation to the advances of Health Policy and achievements that guided the construction of the Health System was crucial. However, it still puts the importance of the constant struggle to unveil the fragility of ownership about what are the rights and guarantees of rights. A feasibility of the consolidation is the action of different actors to achieve the rights of all from an interdisciplinary perspective, participating in, enabling, creating other scenarios for corporate practices, educating, performing management activities, participating in the construction of "network " of relationships diverse, but they have their intersections in securing rights. In this direction the team NETSI / PUCRS has conducted research that enter the universe of public policies seeking to unveil and how is it actually happens intersectorality. In addition, why this emphasis on intersectorality? Because she has been appointed as the solution to avoid compartmentalization and des - accountability policies regarding their skills and to increase and enhance interdisciplinary activities with more appropriate responses to the demands of reality. For this has mainly investigated the Brazilian social policies with emphasis on intersectorality, interdisciplinary and completeness.

The NASF is considered innovative and audacious strategy because it intends to "improve the care and management of health in Primary Care / Family Health" (ibid, p.10). Thus research that favors workers in their work processes and professional binding is crucial because these workers fosters reflection on the practices in the pursuit of quality of health services , the construction of the Chain of Progressive Health Care , reiterating that :

> The chain of progressive health care Implies a break with the concept of top-down system to work with the idea of a network, an articulated set of basic services, outpatient services and general hospitals and specialized in all actions and health services are provided, Recognizing contexts and histories, and Ensuring Appropriate care and accountability for health problems of Individuals and populations (Ministry of Health 2009, p.12)[7].

The consolidation of SUS , and also other public policies , should be unveiled the fragility of ownership about what are the rights and guarantees of rights , because it results in superficial concepts , making it impractical to own biased guarantee these rights . A feasibility of the consolidation is the participation of communities in strengthening collective subjects through social participation. This entails the action of different actors to achieve the rights of all from an interdisciplinary perspective, participating, enabling, creating other scenarios for corporate practices, educating, performing management activities, participating in the construction of "networks " of various relationships , but it has their intersections in ensuring the right to health.

Hence the importance of moving forward with research , the example of what is being presented here , as well as being a tool for increasing knowledge about the work process of the professionals working in teams NASF is possible to

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[6] Tranlated piece from: A reformulação do setor saúde teve início em meados dos anos 70 e trouxe como liderança intelectual e política o autodenominado Movimento Sanitário. Tratava de um grupo restrito de intelectuais, médicos e lideranças políticas do setor saúde provenientes, na maioria, do Partido Comunista Brasileiro. O grupo influenciou o âmbito acadêmico e teve impulso com a criação dos departamentos de medicina preventiva nas faculdades, a partir dos quais se difundiu o pensamento crítico da saúde. (GERSCHMANN, 1995, p. 70)

[7] Translated piece from: Uma cadeia de cuidados progressivos à saúde supõe a ruptura com o conceito de sistema verticalizado para trabalhar com a idéia de rede, de um conjunto articulado de serviços básicos, ambulatórios de especialidades e hospitais gerais e especializados em que todas as ações e serviços de saúde sejam prestados, reconhecendo-se contextos e histórias de vida e assegurando adequado acolhimento e responsabilização pelos problemas de saúde das pessoas e das populações (MINISTÉRIO DA SAÚDE,2009,p.12).

see how the implementation of the policy enabling health contribute to consolidation of this policy . Furthermore reiterates that the interaction between the actors are academics , teachers , managers , workers of the health network users and makes possible a continuous process of discussion and reflection on the theoretical and practical experiences , thickening and deepening the knowledge about reality enabling intervention on the vulnerabilities of individual, social and institutional, with emphasis on disease prevention , violence , medicalization , sedentary lifestyle , drug use , risk environments , among others . The innovative character of the NASF has triggered new thoughts, questions and meanings of the work that was proceeding historically been developed by workers in healthcare facilities. These changes have the privilege horizon effectiveness of teamwork , interdisciplinary manner, with a view to effecting health holistically and in an intersectoral perspective , i.e. , involving new social actors in the sum of its commitment to the health reality add hopes in the search for knowledge consolidation of a more just and egalitarian system . And that is what this project aims to thicken

BIBLIOGRAFY

- ANDRADE, Maria Margarida. **Introdução à metodologia do trabalho científico.** São Paulo: Atlas, 2005.
- BELLINI, Maria Isabel Barros. **O serviço social e abordagem com famílias: algumas especificidades**. Porto Alegre. PUCRS, 1992. Master Dissertation, Faculdade de Serviço Social, Pontifícia Universidade Católica do Rio Grande do Sul, 1992.
- BELLINI, Maria Isabel Barros. **Arqueologia da violência familiar**. Porto Alegre.PUCRS,2002.Tese de Doutorado, Faculdade de Serviço Social, PUCRS,2002.
- BRASIL. Constituição (1988). **Constituição da República Federativa do Brasil.** Curitiba: Juruá, 2006.
- CFESS; ABEPSS; CEAD; UnB. **Capacitação em serviço social e política social**. Brasília: CFESS, 1999.
- CRESS**. Coletânea de Leis: Revista ampliada**. Porto Alegre: 2005.
- DINIZ, Débora & (Orgs). Ética em pesquisa.Temas globais. Brasília. Letras Livres: Editora UnB,2008.
- FALEIROS, Vicente de Paula. **Metodologia e ideologia do trabalho social**. São Paulo: Cortez, 1997.
- GERSCHMAN, Silvia. **A Democracia Inconclusa: Um Estudo da Reforma Sanitária Brasileira**. Rio de Janeiro: FIOCRUZ, 1995.
- GUEIROS, Dalva A.. **Família e proteção social: questões atuais e limites da solidariedade familiar**. In Revista Serviço Social & Sociedade. São Paulo: Ed. Cortez, n° 71, 2002, p. 102-121.
- LEOPARDI, Maria Tereza. **Metodologia da pesquisa em saúde**.UFSC,Florianópolis,2002.
- LUNA, Florencia. **Consentimento livre e esclarecido:ainda uma ferramenta útil na ética em pesquisa** in DINIZ, Débora & (Orgs). Ética em pesquisa.Temas globais. Brasília. Letras Livres: Editora UnB,2008.
- MARCONI, Marina de Andrade; LAKATOS, Eva Maria. **Técnicas de pesquisa: planejamento e execução de pesquisas, amostragens e técnicas de pesquisa, elaboração, análise e interpretação de dados.** 4. ed.rev.ampl. São Paulo : Atlas, 1999.
- MARTINELLI, Maria Lúcia. **Serviço Social: identidade e alienação**. São Paulo: Cortez, 2003.