HEALTH BEYOND THE SUS: INTERSECTORALITY AS A STRATEGY FOR PROMOTING CARE
An analysis based on the work of Social Services in Pediatrics at HU/UFJF

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ABSTRACT
This article has as its central theme the intersectoriality of public policies inserted in the context of care for children and adolescents. From the perspective of affirming the guarantee of the right to integrality and the importance of discussing this problem among the services of the intersectoral network, the article is constructed from the work developed by the team of the Social Service of Pediatrics of the University Hospital of Juiz de Fora - MG. Based on data extracted from the systematic monitoring forms opened by the team in 2022, we carried out problematizations about the indicators to foster the central discussion, considering the importance of the expanded conception of reality in which children and adolescents are inserted.

Keywords: Intersectoriality. Paediatrics. Social Policies.

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INTRODUCTION

In order to begin the discussion in this study, it is essential to demarcate that social policy has its origin directly linked to the development of the capitalist system, with emphasis on the period of the Industrial Revolution, "a scenario in which social inequalities are accentuated and the struggles of workers in favor of the recognition of rights begin to gain vitality." (SOUZA; SANTOS, 2023, p. 258).

In this way, inequality and exploitation, as well as the conflict between capital and labor, inherent to this mode of production, begin to manifest themselves in the expressions of the social question, giving rise to the first measures of social protection, which will later be constituted as social policies, established by the dominant class and responding to its interests. We understand that the expressions of the social question come from the new dynamics of poverty and pauperism that began with the overcoming of feudalism by capitalism (NETTO, 2007). According to Iamamoto and Carvalho (2008), the social issue

> it is nothing but the expressions of the process of formation and development of the working class and its entry into the political scene of society, demanding its recognition as a class by the business community and the State. It is a manifestation, in the daily life of society, of the contradiction between the proletariat and the bourgeoisie, which begins to demand other types of intervention, beyond charity and repression [...] (CARVALHO and IAMAMOTO, 2008, p.77).

In this context, social policies are doubly inscribed as conquests and concessions, in the sense of guaranteeing the reproduction of the labor force, thus mitigating conflicts between social classes for the maintenance of the current social order. Such policies are, therefore, "responses and forms of confrontation – generally sectoralized and fragmented – to the multifaceted expressions of the "social question" in capitalism" (BEHRING and BOSCHETTI, 2008, p. 51).

In contemporary times, we are faced with the neoliberal rationality present in capitalism, in which the State is based on a minimum agenda for the social, with a narrowing of the conquests with regard to this environment, the defunding of social policies and the setback of rights in progress. This happens because, in the new pattern of flexible capitalist accumulation, social policies coexist with the impacts of budget restriction, as well as with the logic of fragmentation, targeting, privatization and/or outsourcing present in public services.

When thinking about the Brazilian reality within this discussion, it is essential to take into account the historical, political, economic and social context of the country. Because

> in the Brazilian case, the configuration of the State has sectorization and fragmentation as constitutive of the historical structuring of public policies, conceived

and organized to be implemented in isolation, without joint planning and articulated actions (Martinelli et al, 2020, p. 8).

In view of this panorama, when we think about the sequelae produced by the multiple expressions of the social issue, we start from the idea that only the intersectoriality and complementarity of the services present in public policies will contribute to the improvement in the quality and living conditions of the population.

Intersectoriality, as Martinelli et al (2020, p. 8) points out, is a democratic public management strategy, in order to respond to sectorization and fragmentation based on the articulation between sectors. It should not be understood as an individual action of professionals or teams, as it "requires institutional and political decisions at the planning and execution levels that break with the political culture of sectorization [..]" (Martinelli et al, 2020, p. 9).

In this sense, it is from intersectoriality that subjects and sectors of society mobilize to articulate public policies. Therefore, the great challenge is the creation of systems and/or flows that aim to build an organizational culture and political bases that aim to fully meet the demands of the population, which are produced by the expressions of the social issue.

For the elaboration of this work, the analysis of data recorded and collected in follow-up forms of children and adolescents attended by the Social Service of a university hospital in Minas Gerais was carried out. The information refers to the monitoring carried out during the year 2022. In addition to documentary analysis, a literature review was also carried out.

INTERSECTORIALITY IN CHILDHOOD AND YOUTH

When dealing with intersectoriality, we observe that the debate around this theme is made by articulating it with public policies based on joint actions in facing the expressions of the social issue, for social protection and inclusion. Therefore, "intersectoriality incorporates the idea of integration, territory, equity, in short, social rights" (Junqueira, 2000, p. 42), posing itself as a possibility in the resolution of the adversities presented by the population of a given territory.

According to Schutz and Mioto (2010, p.65) when working with the perspective of intersectoriality, there are four relevant aspects: the first consists of the way of thinking, which should be focused on communication similar to that used in transdisciplinarity[5]; the second comprises the adoption of a political project that is transformative for public policies; the third refers to the fact that intersectoral actions are planned and evaluated in a

[5] According to Ely (2003, p. 114), transdisciplinarity suggests the formation of a terrain that has theoretical, disciplinary and operational autonomy, in which coordination by all disciplines and interdisciplinary will be established.

participatory manner; and the fourth, concerns the articulated network between the State and society.

Based on this debate raised by the aforementioned authors, we understand that the intersectoral action present in public policies acts by considering social problems and their solutions from an integrated and totality perspective, thus observing the complementarity of the sectors and overcoming their fragmentation. In this sense, we will highlight, for now, the last point brought by Schutz and Mioto (2010), the networks, which are present in each public policy and have a basis for construction in intersectoriality.

In this context, the idea of network here is related to "articulation, connection, bonds, complementary actions, horizontal relationships between partners, interdependence of services to ensure the integrality of care for vulnerable social segments or those in situations of social risk" (Bourguignon apud Schutz; Mioto, 2010, p. 63) and are seen as a possible way to confront the expressions of the social question. The network, therefore, is structured by individuals, groups or organizations, "being a social fact, but also an opportunity for reflections on the social and everyday practices" (Junqueira, 2000, p. 40). Thus, it is positioned as a collective construction that also provides the basis for the analysis and interpretation of social reality.

Another element that is associated with intersectoriality and, so to speak, with the idea of networks is the territory, since it is within this that they will materialize and that these concepts will be put into practice, presupposing interventions in geographically delimited areas. In this dynamic, by having knowledge of the territory, one also has knowledge of the needs of the population and their singularities. In this way,

> territoriality and intersectoriality enhance public interventions, expanding the possibilities and effectiveness of integrated and developed actions through the construction of diagnoses, programs, actions and shared responsibilities (Paz; Taboada, 2010, apud Martinelli et al, 2020, p. 9)

Following this analysis, it is also relevant to deal with the approximation that intersectoriality has with decentralization, since intersectoriality allows the resolution of the population's problems in a more integrated way and that decentralization allows the distribution of power to an instance closer to this population, which are the municipalities. "In this logic, it is considered that it is in the municipality that intersectoral action and integration will be carried out, as it is a socially and territorially defined space." (Schutz; Mioto, 2010, p. 66).

As we have seen so far, intersectoriality is inscribed in contextualized practices. Such practices are involved by various social actors who are committed to co-responsibility,

which is understood as the increase in common participation and more transversal relationships, which give the possibility for reflections and strategies thought collectively.

Within this determination, with regard to intersectoral actions aimed at children and youth, it is known that,

> intersectoriality seeks to ensure the integrality of child care actions; as well as part of the understanding that the child who accesses the health service is the same as the one who accesses daycare or preschool, the community, sports activities, social assistance programs and other equipment available in the territory and in the community (Moura et al, 2022, p. 51)

When we think of these subjects, we immediately think of the full protection measures aimed at them, which, because they involve the State, society, family and civil entities, have the possibility of being articulated in order to implement an intersectoral policy. In this sense, it is based on the understanding that children and adolescents, as Farinelli and Pierini (2016, p. 64) point out, are holders of rights like all citizens and, if the child is in a situation that threatens, these rights are guaranteed to them.

In this context, we have the Statute of the Child and Adolescent (ECA), instituted by Law No. 8069/90, which, as stated in its Article 1, provides for the full protection of children and adolescents, recognizing these subjects as human beings, endowed with rights. In addition, the ECA, according to the authors mentioned above, "details the rights guaranteed by the Constitution, explaining the mechanisms of popular participation and supervision of public policies to serve this population" (Farinelli; Pierini, 2016, p. 64).

Finally, the law in question emphasizes the necessary protection, from the family, society and the State, to the child and adolescent in the condition of vulnerability, and the latter entity should be responsible for acting from public and social policies in the promotion and defense of these subjects.

In view of this, it is pointed out, therefore, the need for joint and complementary action between family, society and the State, which is inscribed within the perspective of networking and intersectoriality, discussed throughout our discussion. Only in this way, it is possible to ensure that children and adolescents have all the opportunities and access to rights, as stated in the ECA, of physical, mental, moral, spiritual and social development, in conditions of freedom and dignity.

THE WORK PROCESS OF SOCIAL WORK IN PEDIATRICS AT THE UNIVERSITY HOSPITAL OF THE FEDERAL UNIVERSITY OF JUIZ DE FORA

Before starting the exposition on the work process in Pediatrics of the University Hospital of the Federal University of Juiz de Fora, we consider it essential to elucidate the understanding we have about work and work processes.

According to Marx (1995), work is a process in which human beings and nature participate. Human beings, in turn, use their labor power to transform nature based on their teleological capacity. We consider work to be a vital activity by which man satisfies his needs.

In a labor process, the existence of some elements is necessary, as Marx (1995) shows us:

1- the activity suited to an end, that is, the work itself;

2- the matter to which the work is applied, the object of work;

3- the means of labor, the instruments of labor (MARX, 1995, p. 202).

We start from the understanding that Social Work is work and has work processes. The profession has in the expressions of the social issue its object of work, as well as having work instruments, such as language, social and economic service forms, reports, among other instruments. In health, we understand that the objective of the profession and also with children and adolescents is to identify the determinants that affect the health and disease process of the users of this public policy.

Currently, the Social Work team in Pediatrics at the University Hospital has two social workers, one of whom is a resident, and two interns. We begin our work process by checking if there are new hospitalizations and we conduct a social and economic interview with them, through the Social Service in Pediatrics care form.

During the approach, if we identify social demands that require systematic monitoring by Social Work, we open follow-up forms for children and adolescents. Such forms are confidential and for this reason they are exclusively manipulated by the Social Service team of the University Hospital. The information contained in the monitoring forms opened throughout 2022 will be systematized and analyzed below.

DATA ANALYSIS

This study was based on the analysis of data recorded and collected in follow-up records of children and adolescents attended by the Social Service of a university hospital in Minas Gerais. The information refers to the follow-ups carried out during the year 2022,

totaling 17 (seventeen) follow-ups of children or adolescents, in which more systematic interventions by Social Work were carried out. Among the information collected during the social anamnesis and the care provided during the child's or adolescent's hospitalization, we present the following indicators: age, income, race/ethnicity, gender of the child or adolescent, gender of the guardian, region of residence, referrals made and, of course, the reason for opening the form. We understand that the consideration of this information becomes relevant, admitting that the interventions of Social Work should start from the expanded conception of reality in which children and adolescents are inserted.

Among the reasons that lead to the opening of the follow-up form listed by the team are: violation of rights, access to the social assistance network and institutionalized children or adolescents. Among the services provided in 2022, we identified the issue of access to the social assistance network as the greatest demand for the opening of systematic follow-up, which is the reason for opening 10 (ten) follow-ups. It should be noted that the initial reason for opening the follow-up does not mean that the subsequent interventions in the case were limited to the initial reason. From the reception, knowledge of the reality of the child and adolescent, their family and contact with the network's equipment, the Social Service is able to identify other expressions of the social issue that affect the reality of the users.

Of the follow-ups initiated, 4 (four) concerned children aged between 0 (zero) and 11 (eleven) months; 6 (six) referred to children aged between 1 (one) and 6 (six) years; 5 (five) children between 7 (seven) and 12 (twelve) years of age and 2 (two) were follow-ups of adolescents aged 13 (thirteen) years or older.

Regarding income data, we identified that in 6 (six) of the cases, the main source of income for the child's or adolescent's family comes from the Continuous Cash Benefit (PBC). In 3 (three) of the cases, there was a report that the family's main income comes from formal work. In addition, we observed 3 (three) situations in which there is no income. The other children and adolescents belong to family groups in which the main income comes from informal work and/or from the Bolsa Família. Regarding race and ethnicity, 10 (ten) of the cases under follow-up were children or adolescents declared brown, 3 (three) declared black, 2 (two) declared yellow. In 1 (one) of the cases, no ethnic-racial declaration was presented and only 1 (one) case concerns a child declared white.

Another factor analyzed is the gender of the main person responsible for the child or adolescent. Except for 2 (two) cases in which the children are institutionalized and the responsibility for them lies with the foster care institution, all other guardians are female. These data reveal a structure established in the capitalist mode of production in which

women, especially mothers, are responsible for carrying out activities and commitments related to the care of children and/or guardians. Souza and Guedes denote

> Historically and culturally, especially within capitalist society, women have always been responsible for taking care of the home and family, regardless of their age, occupation and income level. Domestic work fell on women based on the discourse, alive to this day, of feminine naturalness for care. This social attribution of care to the feminine, at first, limited women's lives to the private space, and later, with socioeconomic transformations and the search for female independence, marked disadvantages in relation to men in economic and social performance. (SOUZA AND GUEDES, 2016, p.125)

According to the data presented by Wegener and Pedro (2010) , extracted from a research regarding the role of "lay caregivers of hospitalized children", women go through several abdications for the development of this socially determined "role", including in their space in the labor market,

> Women's work, outside the home, acquires a secondary character when the mother becomes the main caregiver of the sick child, and it is perceived that the woman only makes an exchange of roles and not an aggregation, as she strictly assumes the care of the sick child (WEGNER AND PEDRO, 2010)

From this perspective, it is possible to develop the reflection that the centralization of the female figure in the care of children and adolescents based on the analyzed reality stems from a historical factor of gender disparity and exploitation, not being an identified atypical factor.

Regarding the territory of children and adolescents being monitored by the hospital's Social Service in 2022, we identified that 12 (twelve) live in the most vulnerable regions of the city. From this point of view, we must apprehend it under variables that are not restricted to the delimitation of lands and/or geographical limits. The perception of territory must carry its historical dimensions in its multiple repercussions, whether by the subjects or by the material and subjective expressions contained in the place. In this sense, Sposati states that the

> territory is more than a locus, in the sense of defining a place, it is not something static like an address or a name. Although these attributes are part of the territory, their characterization occurs through experiences, meanings and relationships that build individual and collective identities. (Sposati, 2013, p.6)

In this way, it is possible to make the movement of reflection on the data presented, conceiving that, not by chance, the openings of follow-up forms are carried out by territories of greater vulnerability. There is an understanding that the historical construction of classes and their possibilities of urban and rural insertion formed a process of distancing workers from urban centers, moving them away to the peripheries and/or locations of less structural,

social and economic prestige. The construction and movement of the territory also reflect on the quality of life and access of residents/users, which can be exemplified by the statement of Guimarães (2011) that

> primary sociability (family, friends or neighbors) also seems to be relatively threatened in different neighborhoods of the city, contributing to relative social isolation and a weakening of the interdependence relations that are the foundation of community relations and that can be mobilized on specific occasions, in the face of more serious situations, when they involve health problems and accidents (Guimarães, 2002). (GUIMARÃES, 2002 apud GUIMARÃES, 2011, p.99).

It is important to highlight that this territorial dimension can also affect access to public policies and the intersectoriality that must exist between them. Children and adolescents who live in these territories of greater vulnerability have access to public policies hampered, either by public transport, or by not having access to support cars made available by the government (if they are entitled), or by housing conditions or by the conditions of access to housing. Being in more vulnerable territories often affects the non-adherence to the necessary health care that these children or adolescents need and, in this way, impacts on the non-existence of intersectoriality and, thus, the comprehensive care provided for in the Statute of the Child and Adolescent is not guaranteed.

All of the data presented above corroborate the understanding that "the social worker is a professional whose object of work is the expressions of the social question, formulating and implementing proposals to cope with it" (Piana, p. 86), also seeking answers and alternatives in public policies. These professionals work to ensure comprehensive care for children and adolescents, so that the social assistance network is called upon to provide the necessary care to this population. Thus, social workers can collaborate by raising the existence of intersectoriality between public policies aimed at the area of childhood and youth. However, this networking also depends on the political will of the management to implement flows in which such policies "talk" to each other so that the integrality of the actions is really achieved. And such action does not depend exclusively on Social Work.

FINAL CONSIDERATIONS

We have reached the end of this article with the certainty that the discussion on the intersectoriality of public policies in childhood and adolescence has a lot to advance and that this theme is essential to deal with the effectiveness of the protection network for children and adolescents. To reach the end of this work is to know that it, in fact, is the starting point for new discussions to be held on this topic.

We believe that the perspective of the promotion of rights provided for in the Statute of the Child and Adolescent is the compass for network actions to be carried out and, in turn, to make intersectoriality between public policies effective. Ensuring intersectoriality is a political decision. Sectoral policies being organized in a network is also a political decision, of management.

Ensuring intersectoriality between public policies depends on a transformation in the understanding of these policies, both by the agents who execute them and by managers. We know that intersectoriality and networking are challenges imposed on these agents, since the full functioning of public policies is made unfeasible by their scrapping, defunding, among others. However, we believe that through intersectoriality, networking, we can provide comprehensive care to children and adolescents.

Social Work is a profession that has the potential to give rise to this networking, since many demands that reach social assistance require intersectoral articulation with public policies. It is up to the social worker to know the equipment, institutions and organizations registered in the territory where he or she works or where the child or adolescent resides, which he or she attends. Identify the main characteristics of the territory, as well as the equipment present there, thus favoring the directions and forms of communication and co-responsibility between the institutions that provide care to this public. Furthermore, admitting that territory is not limited to the definition of geographic space, integrality and intersectoriality that must also be permeated by the displacement, not only of users from one space to another to access services, but also of professionals for knowledge, approximation and feasibility of an intersectoral network.

We believe that there is still a long way to go in making intersectoriality between public policies feasible and we understand that only through this network is it possible, in fact, to guarantee the full protection and promotion of health for children and adolescents.

REFERENCES

1. Araújo, M. S. (2022). A rede intersetorial para garantia de proteção a crianças e adolescentes do município de Mundo Novo - BA (Trabalho de conclusão de curso, Universidade de Brasília). https://bdm.unb.br/bitstream/10483/32659/1/2022_MarileuzaSampaioAraujo_tcc.pdf

2. Behring, E., & Boschetti, I. (2008). Política social: Fundamentos e história (5ª ed.). Cortez Editora.

3. Brandão Guimarães, I. (2011). Periferias e territórios sob efeitos conjugados da precarização: Algumas tendências. Caderno CRH, 24(1), 89–104. https://www.redalyc.org/articulo.oa?id=347632186007

4. Brasil. (2002). Estatuto da Criança e do Adolescente: Lei federal nº 8069, de 13 de julho de 1990. Imprensa Oficial. https://www.planalto.gov.br/ccivil_03/leis/l8069.htm

5. Carvalho, R., & Iamamoto, M. (2008). Relações sociais e serviço social no Brasil: Esboço de uma interpretação histórico-metodológica (22ª ed.). Cortez Editora.

6. Ely, F. R. (2003). Serviço social e interdisciplinaridade. Revista Katálysis, 6(1), 113–117. [PDF no dispositivo]

7. Farinelli, C. C., & Pierini, A. J. (2016). O Sistema de Garantia de Direitos e a proteção integral à criança e ao adolescente: Uma revisão bibliográfica. O Social em Questão, 19(35), 63–86. https://www.redalyc.org/journal/5522/552264171003/html/

8. Iamamoto, M. V. (2013). O Brasil das desigualdades: "Questão social", trabalho e relações sociais. Revista Ser Social, (33), 261–384. https://www.cressrn.org.br/files/arquivos/FaPa1Oy8kQ65voJ4T345.pdf

9. Junqueira, L. A. P. (2000). Intersetorialidade, transetorialidade e redes sociais na saúde. Revista de Administração Pública, 34(6), 35–45. https://periodicos.fgv.br/rap/article/view/6346

10. Marx, K. (1995). Processo de trabalho e processo de produzir mais-valia. In O capital: Crítica da economia política (Vol. 1, cap. V, 15ª ed.). Editora Bertrand Brasil.

11. Moura, C. S. de, et al. (2022). Estratégias de promoção da saúde na primeira infância: Tecendo redes locais. Saúde em Debate, 46, 45–56. https://www.scielo.br/j/sdeb/a/qjQXg69WjcCJsNXKyV4BFQH/

12. Netto, J. P. (2007). Capitalismo monopolista e serviço social (6ª ed.). Cortez Editora.

13. Piana, M. C. (2009). O serviço social na contemporaneidade: Demandas e respostas. In M. C. Piana (Org.), A construção do perfil do assistente social no cenário educacional (pp. 65–82). Editora UNESP. https://books.scielo.org/id/vwc8g/pdf/piana-9788579830389-04.pdf

14. Schutz, F., & Mioto, R. C. T. (2010). Intersetorialidade e política social: Subsídios para o debate. Sociedade em Debate, 16(1), 59–75. https://revistas.ucpel.edu.br/rsd/article/view/337

15. Sposati, A. (2013). Território e gestão de políticas sociais. Serviço Social em Revista, 16(1), 5–18. https://www.cressrn.org.br/files/arquivos/l052O6W43ac8A78E4c81.pdf

16. Sousa, L. P. D., & Guedes, D. R. (2016). A desigual divisão sexual do trabalho: Um olhar sobre a última década. Estudos Avançados, 30(87), 123–139. https://www.revistas.usp.br/eav/article/view/119119

17. Souza, C. A. de, & Santos, V. C. (2023). Política social e capitalismo: Nexos históricos e tendências atuais. Revista Serviço Social em Perspectiva, 7(2), 255–276. https://www.periodicos.unimontes.br/index.php/sesoperspectiva/article/view/6689

18. Tão, B. L., & Matsukura, T. S. (2019). Intersetorialidade e cuidado em saúde mental: Experiências dos CAPSij da Região Sudeste do Brasil. Physis: Revista de Saúde Coletiva, 29(1). https://www.scielo.br/j/physis/a/8pjwNXdHx7sn3Hh6bbGVWsK/

19. Wanderley, M. B., Martinelli, M. L., & Da Paz, R. D. O. (2020). Intersetorialidade nas políticas públicas. Serviço Social & Sociedade, (137), 7–13. https://www.scielo.br/j/sssoc/a/DPfFVvJzjDFYSzB9NWWHv7z/

20. Wegner, W., & Pedro, E. N. R. (2010). Os múltiplos papéis sociais de mulheres cuidadoras-leigas de crianças hospitalizadas. Revista Gaúcha de Enfermagem, 31(2), 335–342.