

Occupational Therapy in a process of training on child development's surveillance in primary care health

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Abstract: The curriculum of UFSCar's occupational therapy graduation assumes that the student's inclusion in the venue of primary care brings benefits both to student learning and improvements in the quality of care given. Set this, the participation of students in communities' activities is encouraged. The experiments described in this paper were experienced by undergraduate students on the in-field activity called "Training graduate students in occupational therapy and community health agents to promote child development surveillance activities in primary health care", with the main goal of promoting actions aimed at child's development in primary care at the Families' Health Teams in São Carlos, through the training of students of occupational therapy. The material used was the booklet "Every Time is Caring Time", containing nine themes: care of the pregnant woman, bond, affection, vaccination schedule, child development, nutrition, hygiene, disease's precautions, accidents' prevention and the children's rights. This report describes the second (training of Community Health Workers) and third (replication of training at the user families of the Family Health Units) extension activity steps from field reports of students enrolled in the project. The training took place in the neighborhood of Jd. São Carlos and Maria Stella Fagá. The potential of promoting child's development activities through Communities Agents was also verified. Concluding that using Primary Health Care context to teach and learn was extremely efficient in the scope of understanding the NHS and comprehending the role of an Occupational Therapist in the community, going beyond the rehabilitation actions.

Keywords: *Occupational Therapy, Surveillance, Child Development.*

A Terapia Ocupacional em um processo de capacitação sobre vigilância do desenvolvimento infantil na atenção básica em saúde

Resumo: O currículo do curso de Terapia Ocupacional da Universidade Federal de São Carlos (UFSCar) pressupõe que a inserção do estudante no cenário da atenção básica em saúde traz benefícios para a aprendizagem do estudante e para a melhoria da qualidade da atenção. As experiências aqui descritas foram vivenciadas por alunas de graduação em virtude da atividade de extensão denominada "Formação de alunos de graduação em Terapia Ocupacional e de agentes comunitários de saúde para a promoção de ações de vigilância do desenvolvimento infantil na atenção primária à saúde", com objetivo principal de fomentar ações voltadas ao desenvolvimento infantil na atenção primária com Equipes de Saúde da Família, por meio da formação de alunos do curso de Terapia Ocupacional. O material adotado foi a cartilha "Toda hora é hora de cuidar". São descritas neste relato a segunda (capacitação dos agentes comunitários de saúde) e a terceira (replicação da capacitação com as famílias usuárias das Unidades de Saúde da Família) etapas da atividade de extensão a partir de relatórios de campo das alunas participantes. As capacitações ocorreram em duas Unidades de Saúde da Família. Verificou-se a potência de promover ações de vigilância do

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desenvolvimento infantil a partir das capacitações oferecidas aos agentes comunitários. Conclui-se que o processo de ensino-aprendizagem no contexto da atenção básica em saúde contribuiu para a interação dos estudantes com os usuários do serviço e com as equipes, o que facilitou a compreensão sobre o Sistema Único de Saúde e potencializou as discussões sobre a atuação da Terapia Ocupacional na comunidade para além das ações de reabilitação.

Palavras-chave: *Terapia Ocupacional, Vigilância, Desenvolvimento Infantil.*

1 Introduction

1.1 Graduation student approach with the basic health care teams

The Occupational Therapy course of the Federal University of São Carlos (UFSCar) began in 1978, and since then, some program adjustments have been made. In 2008, there was a major reformulation, with the educational process focusing on critical reflective thinking and enabling students to participate in contexts or scenarios of investigation, inquiry, reflection and action (DELLA BARBA et al., 2012).

By adopting a socio-constructivist approach to education, this program stimulates the ability to think, reflect, learn to learn, to relate knowledge with data from daily experience, to establish a relationship between theory and practice, based critically on everyday facts and learning objects to the construction of their knowledge, happening in the interaction with the physical and social environment, with human symbolism and with the world of social relationships (DELLA BARBA et al., 2012).

In this sense, methodological and pedagogical processes promote the diversification of teaching-learning scenarios, and training allows the broad participation of students and teachers in the city's service network, such as health services. In this way, one of the fundamental missions in the training of health professionals is achieved, being the contribution to the construction of new practices and performances with social impact (UNIVERSIDADE ..., 2008).

In the UFSCar Occupational Therapy course program, it is assumed that the insertion of the student in the primary care setting, especially in health promotion actions, can bring benefits to student learning and to improve the quality of care.

The principle of inseparability between teaching, research and extension activities at UFSCar is accomplished through extension programs stimulating and integrating students, teachers, and technical-administrative servers of different knowledge areas in the development of multi and interdisciplinary institutional projects

(UNIVERSIDADE..., 2010). The undergraduate course in Occupational Therapy has traditionally had a strong extensionist insertion, in consonance with its pedagogical project. In this sense, students are encouraged to participate in community extension activities and to have contact with services, including primary health care.

1.2 The extension activity in Occupational Therapy as a provider of child development surveillance

The experiences described in this study were lived by undergraduate students due to the extension activity called "Undergraduate students training in Occupational Therapy and community health agents for the promotion of actions to monitor children's development in primary health care", offered since 2011 with the supervision of Prof. Dr. Patricia Della Barba of the Department of Occupational Therapy, with the main objective of promoting actions aimed at the development of children in primary care with Family Health Teams in the municipality of São Carlos.

Based on the possibility of investing in the surveillance of child development and integral child care in the primary healthcare setting, valuing the family follow up from the gestation of the first three years of life and the close approximation between the health professional and the families that use the services, the extension project was implemented.

When we refer to the child, the mother usually assumes the role of primary caregiver in the family environment, considering that the child feels a unique protection in the maternal figure (BECK; LOPES, 2007).

According to Helen Bee (2003), the family environment of the child also affects his trajectory. If this environment is enriched with stimulating objects and with good guidance from parents and/or caregivers, the development of this child will benefit.

However, if this environment lacks stimuli and there is no knowledge of the main caregivers

when facing certain everyday situations, it becomes unsustainable for basic development (BEE, 2003).

According to Lordelo, Fonseca and Araujo (2000, p. 74):

The diversity of environments in which the child develops, with the increasing importance of kindergartens and preschools as modern development contexts, establishes challenges for understanding the mechanisms of adjustment of the subjects involved - children and adults, to these contexts. The investigation of the domestic environment, particularly in its social dimension can indicate the relevant elements for the comparison of the different environments of their potentialities and limitations.

Thus, responsibility for caring for and loving support from the family impacts the child's attachment pattern, his self-acceptance, and motivation to deal with adverse situations and to explore the new (BEE, 2003).

The material adopted by the extension activity deals with the monitoring of the development of the child, mainly by their families, is called "Every hour is time to take care" and it has a booklet and manual of support to the team. Its elaboration is the result of partnerships between the São Paulo Municipal Health Department, the United Nations Children's Fund (UNICEF) and the Monte Azul Community Association, as well as support from institutions such as the University of São Paulo School of Nursing (USP) and the Pastoral da Criança, used by the Family Health Program of the city of São Paulo in 2003 (CHIESA; BATISTA, 2003).

There are nine themes covered by the booklet: care for the pregnant woman, attachment-affection, immunization schedule, child development, food, hygiene, care for illness, care for accidents and children's rights. From the need to use a language accessible not only to the health professional but also to the families of the region, the extension activity used strategies based on the problem-making workshops. According to Chiesa and Batista (2003), they allow the exploration of the participants' prior knowledge, the development of clinical and epidemiological reasoning, the formulation of hypotheses, the search and critical analysis of the knowledge needed to better explain the problem and the formulation of care plans for individual and collective situations.

Training activities took place in three phases. The first one was held in the Activity and Development Laboratory of the Occupational

Therapy Department of UFSCar and counted on the previous qualification of Occupational Therapy undergraduates by the work team. In the second one, the training of the community health agents (ACS) of the Family Health Units (USF) took place by the students. These ACS and the qualified undergraduates replicated the contents of the booklet with the families using the USF – being the third and final stage of the extension project.

The last two stages were developed in the context of basic care, thinking that the approach to the concept of territorialization is one of the basic assumptions for USF professionals to work towards a better understanding of their work area (BRASIL, 2012).

In this sense, the territory can refer to the limits of service areas, the recognition of the environment and the population and its social dynamics, and the establishment of relationships with other services offered in that area (PEREIRA, 2006).

In the city of São Carlos, also incorporating the districts of Água Vermelha and Santa Eudoxia, the territories were divided through the Regional Health Administrations (ARES), whose function is to organize the USF in the area of its coverage, as well as to provide the existence of integral care to the health needs of the residents belonging to the territory. Currently, there are five existing ARES in the city: ARES 1, Aracy; ARES 2, Vila Isabel; ARES 3, Redenção; ARES 4, São José; ARES 5, Santa Felícia.

The experiences lived and shared took place at USF Jardim São Carlos and USF Maria Stella Fagá, belonging respectively to ARES Redenção and ARES São José.

2 Method

This study is characterized as an experience report aimed at describing the observations and reflections of students of the Occupational Therapy course after training of ACS and families using USF.

This is a qualitative and descriptive study, based on the creation of a field diary with observations of the entire training process, from October to December 2014. The records were prepared after the training meetings and discussed in meetings held by the students and the counselor after the end of the research.

According to Godoy (1995), the qualitative studies have fundamental concern of the study and analysis of the empirical world in its natural environment. In this approach, the direct and prolonged contact

with the researcher with the environment and the situation being studied are valued. The researcher must learn to use his person as the most reliable instrument of observation, selection, analysis and interpretation of the collected data.

Thus, it was specifically sought to promote a space within the USF where the ACS could study, dialogue and better understand the integral development of the child and transmit their knowledge on the subject to the families. The USFs cited in this report were suggested by the Municipal Health Department of the city and contacted for participation in the research, by accepting and signing the Informed Consent Term.

In this context, an experience report is a research tool that seeks to present a reflection on an action or a set of actions related to the experiences - in this case, students of the Occupational Therapy course inserted in the professional practice of primary care.

3 Results and Discussion

The analysis of the data showed relevant and pertinent aspects both for an approach based on problematizing workshops, spaces for training in primary care, and the identification of gaps in the knowledge of families on the integral development of the child describe below.

3.1 Training of community health agents (ACS)

3.1.1 USF Jardim São Carlos

At the USF Jardim São Carlos, three meetings were held to discuss the themes already mentioned in the booklet. As a material, the booklet, scientific articles, and materials for the realization of dynamics were used.

All ACSs participated in the training. Some failures due to the unit's great demand for service did not disrupt the training process. The training took place during the working period, at a time reserved for the ACSs meeting.

The discussions of the themes were in talk circles, with only the theme related to children's development presented as a lesson with slides, but always seeking the exchange of knowledge between the students and the ACSs.

At the first meeting, a dynamic was used in which the ACSs separated several photos that characterized the child developmental references.

Thus, there was more interaction between the agents, students and other staff members, with each helping the other in the doubts that arose. In the end, the answers to the questions raised in the dynamic were presented in the slides.

Other doubts have also arisen, for example, regarding the development of the child in cases of Down syndrome, autism, and visual impairment. It was agreed then that these themes would be taken up in the last meeting for discussion and clarification of the doubts.

In the second meeting, the themes of the booklet related to food, hygiene, vaccination and home care were presented and discussed. The ACS had wide knowledge on these subjects, so the sharing of information was very rich.

In the third meeting, the rights of the child and the Statute of the Child and Adolescent (ECA) were discussed. The ACSs were aware of the ECA and the procedure that should be done if a child did not have their rights guaranteed, despite reporting the difficulty due to the city's network system so that the children would indeed be protected when necessary. Also, the concepts of risk, protection, and vulnerability factors were presented in the discussion through a reference that was not in the booklet, but which the ACSs found interesting to know (SAPIENZA; PEDROMÔNICO, 2005).

In the last meeting, we return to the doubts generated about child development in the first meeting. For this, the answers to the doubts raised were discussed through research in articles and other materials that the students had studied during the graduation.

The group of students received positive feedback from the ACSs not only on the training period, but also on the material and methodology used, highlighting the importance of reflections and discussion on the themes, and the use of scientific articles to solve their doubts.

Through this experience, there is still observed little space in the daily work of the ACSs for training, since, as already stated, there is a great demand for work.

According to Peduzzi et al. (2009), all health workers need the technical and scientific update, as well as moments of reflection on their practices, and guaranteed by the public policy of permanent education in health services (BRASIL, 2007).

However, studies demonstrate the fragility in services for the establishment of such moments of continuing education, as in the primary health care, in which more contextualized educational activities

should be included in their territory and population (BRASIL, 2007; PEDUZZI et al., 2009).

In the theme of child development surveillance, there were some knowledge gaps by the ACSs, showing the importance of training focused on this area of knowledge, since these professionals perform a constant approach with their users in the life contexts, and can help in detecting earlier their development delays and health promotion.

According to Andrade and Ferreira (2006), the ACSs are perceived by users as the professionals who have the mediating role between the community and the primary health care professionals due to the transit - home and unit - and the relationship of care they produce.

In this way, the training experience was a space for reflection and exchange of knowledge about the surveillance of child development contextualized in the daily life of the ACSs of that unit, healing doubts, difficulties, but also potentializing the existing knowledge exchange among agents and students.

3.1.2 USF Maria Stella Fagá

At the USF Maria Stella Fagá, the training took place in two days, with the participation of 12 ACSs.

The training began with the introduction of the participants, and then a dynamic was performed on

the origin of the name, aiming at greater interaction among the participants. Then, the booklet "Every hour is time to care" was introduced.

It should be noted that the training participants were new to the profession of ACS and newly hired. For this reason, they were asked to talk a little about their work routine and their contact with the families going to the USF. Many of them reported that they had little contact with families yet and were performing internal services at the unit.

The training was divided into two days, according to the theme of the booklet. On the first day, the first four themes were worked with the dynamics of approaching ACSs. On the second day, the last five themes were presented and discussed with the participants. In a different way, dynamics were performed in this unit to approximate the ACSs between themselves and with the themes would be discussed.

Four dynamics were developed to work on some themes of the booklet (support network and social support, child development references, feeding and children's rights), exemplified in Table 1, while the other themes were worked through discussions and readings.

No doubt was raised by the team, bringing the participation in dynamics as the main point for the good understanding of the presented content.

Table 1. Dynamics used during the training of community health agents and users of Family Health Units.

Technic	Objectives	Necessary resources	Activity development
Name chosen.	Welcoming, self-knowledge, identity redemption, integration, and reflection.	Room with chairs in a circle.	Each participant reports the history of his or her name.
Video about domestic violence.	Showing the activity, raising awareness and stimulating reflection on the rights of the child.	Notebook.	Participants watch the video, and there is a brief discussion about it.
Playing jury.	Obtaining different views on a theme, reflection, and analysis of a case under various eyes, knowledge of the rights of the child, allowing for awareness and alterity.	Chairs adjusted and positioned according to a court setting.	Reading pages 88 to 97 of the manual of support and 24 to 26 of the booklet to support the staging. Then, the characters are divided, and the staging is performed. It ends with the discussion of dynamics.
Chronological photos.	Stimulating knowledge about child development between 0 and 6 years old, rescuing the children of the participants, with integration between them and discussion about the development of the child.	Pictures brought by the participants.	Divided into groups, they were asked to organize the photos according to the age groups, discussing the expected development for each stage. Then, the presentation of the task is done, and the subject is discussed.

According to Puschel and Ide (2007, p. 91-94), the use of dynamics are strategies that

[...] enable the participants to feel in a pleasant, more relaxed environment, capable of favoring the mobilization of their concepts and providing a greater possibility of openness to the new.

This strategy also is shown as a facilitating tool for the teaching-learning process and as a means of working with the participants (PUSCHEL; IDE, 2007).

In this way, it was possible to observe, from the experience, how the dynamics enhance the interaction between the participants, since the possibility of such interaction is more informal, providing a more comfortable and also potent environment for discussions and the space of exchanges of knowledge as the training proposes.

The students also had a good return of the team, and besides the knowledge of their work colleagues, they stressed the importance of discussing this content among them to identify good practices and ideas for the surveillance of integral child care.

3.2 Family training

The training of the families was laborious, but with expressive results on the themes of greater importance for the mothers of these USFs.

When we say hard work, we emphasize the importance of the bond of ACSs with the assisted family, because, at that moment, they were the link between undergraduates and families, being responsible for inviting them, with the criterion of having children from 0 to 6 years old a family member.

The formation of the link is a proposal of the Ministry of Health for the Family Health Program, whose central point is the establishment of bonds and their creation of commitment and co-responsibility between health professionals and the population. Thus, the subject starts to have it as a reference to his treatment, maintaining a close relation from the knowledge of his work (OLIVEIRA; SPIRI, 2006).

We also highlight the difference in locations for the training of the units, as USF Jardim São Carlos preferred individual and weekly meetings held in the residences, while UBS Maria Stella Fagá opted for group meetings in the waiting room of the unit.

Four families participated in the training at USF Jardim São Carlos, all of them having their mother as their main caregiver. A day of the meeting was held, lasting approximately 1 hour and 30 minutes, on a day and time agreed between the mothers and the students. At the USF Maria Stella Fagá, 15 families participated in the group in the waiting room, all with the mother as the main caregiver of their children. It was held in a meeting, lasting approximately 2 hours and 30 minutes, on the day agreed with the unit team and the students. In this unit, not only the participation of the ACSs is highlighted, but also the other professionals of the team, who met with the mothers, acting according to their specific level of competence, contributing to clarify the participants' doubts.

Both pieces of training had the same steps. Firstly, the entire process and objectives of the extension activity were explained, making clear the non-compulsory participation and remaining in training.

In both individual and group meetings, there was an introduction of the mothers, with questions about them and their family. Figure 1 illustrates the comparisons between the units on the characterization of participants according to their presentations.

On most questions, there was a significant difference between one unit and another; only the age group between the participants was approached, as shown in Figure 1. Thus, the individuality of each territory was present at this stage of the extension activity.

Then, the individuality is highlighted as the source of the differences of conception, from which the knowledge is constructed. In this way, the characteristics of each unit were respected to consider their particular knowledge and experiences (DELLA FONTE, 2010).

Some themes were highlighted by the mothers: in the USF Jardim São Carlos, it was the affection; in USF Maria Stella Fagá, it was the dangers at home. As a similarity between the units, the children's rights were highlighted as the most relevant topics. Figure 2 illustrates the comparison between the themes identified as for greatest importance during the training for mothers per unit.

With our observations and from the products that these mothers developed during the dynamics, these themes are directly related to the relationships with their children.

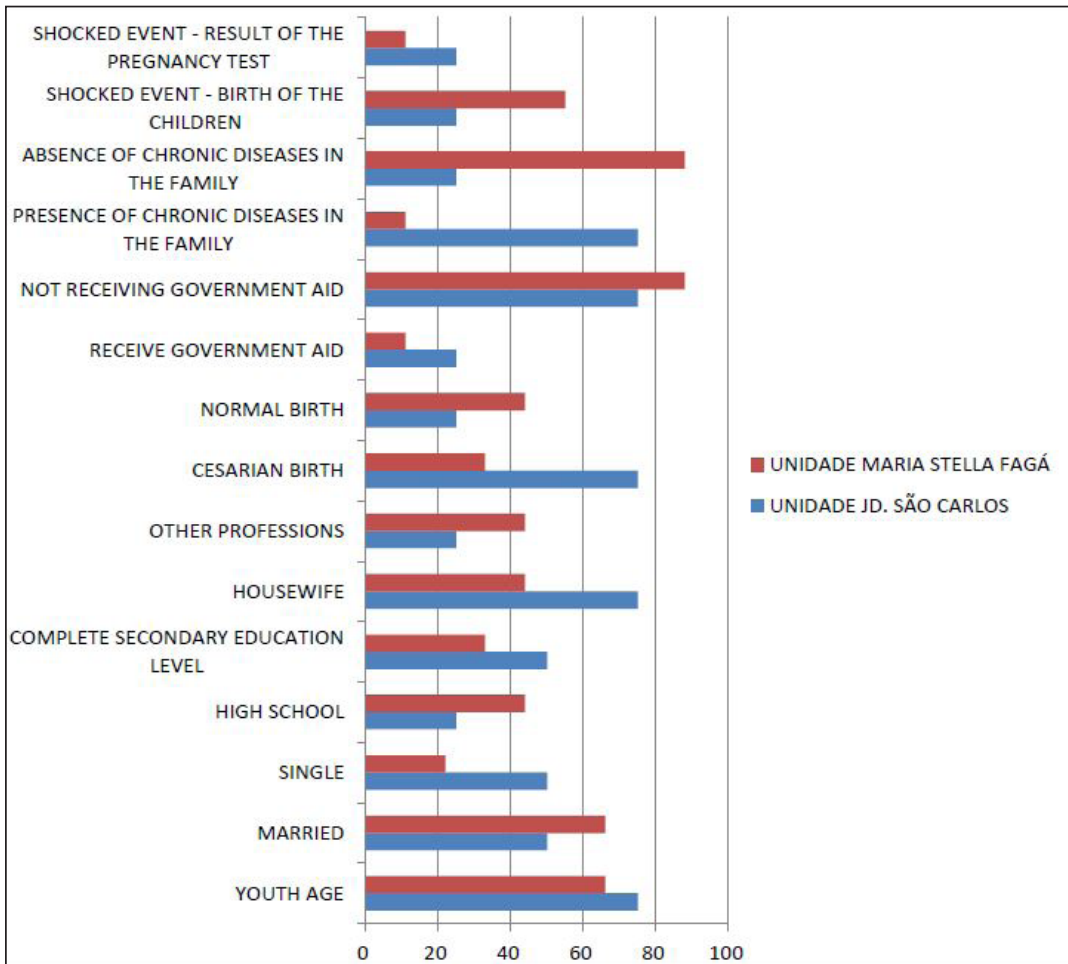


Figure 1. Characterization of the participants.

Regarding affection, Souza Neto and Silva (2012) shows that the closeness of the responsible caregiver to the child works as a search for safety and support, whether in moments of adversity or to provide a functional personality capacity. Bee (2003) also shows that even the child is having an innate repertoire of abilities, the presence of an affective environment is primordial for the formation of attachment and approach. When mothers emphasize affect, we may think about sharing their insecurities and daily challenges with other mothers, questions about how to improve their time with their children, and the best way to do that. Thus, with the training, mothers are expected to take on the importance of having a moment with their children and dedicating to their care, providing quality time for the children.

The subject of dangers at home leads us to an important reflection. It was realized that there was knowledge about dangers at home, but often no

action was taken to prevent accidents. This raises a hypothesis that such a practice is often not possible due to the mothers' lack of time to take care of the home and even to identify where the dangers to the child are. The narratives of the participants showed few statements of actions that had faced the dangers found. Most of them showed what they did after an accident. It is important to highlight the importance of ACSs to help identify household risks and alert the families assisted by them.

When establishing the duty of the family, society and the State to ensure to the child and the adolescent with absolute priority the right to life, health, food, education, leisure, professionalization, culture, dignity, respect, freedom and family and community coexistence, the Federal Constitution of 1988 created for the family, the State and society, the obligation to place them safe from all forms of neglect, discrimination, exploitation, violence, cruelty and oppression (BRASIL, 1988).

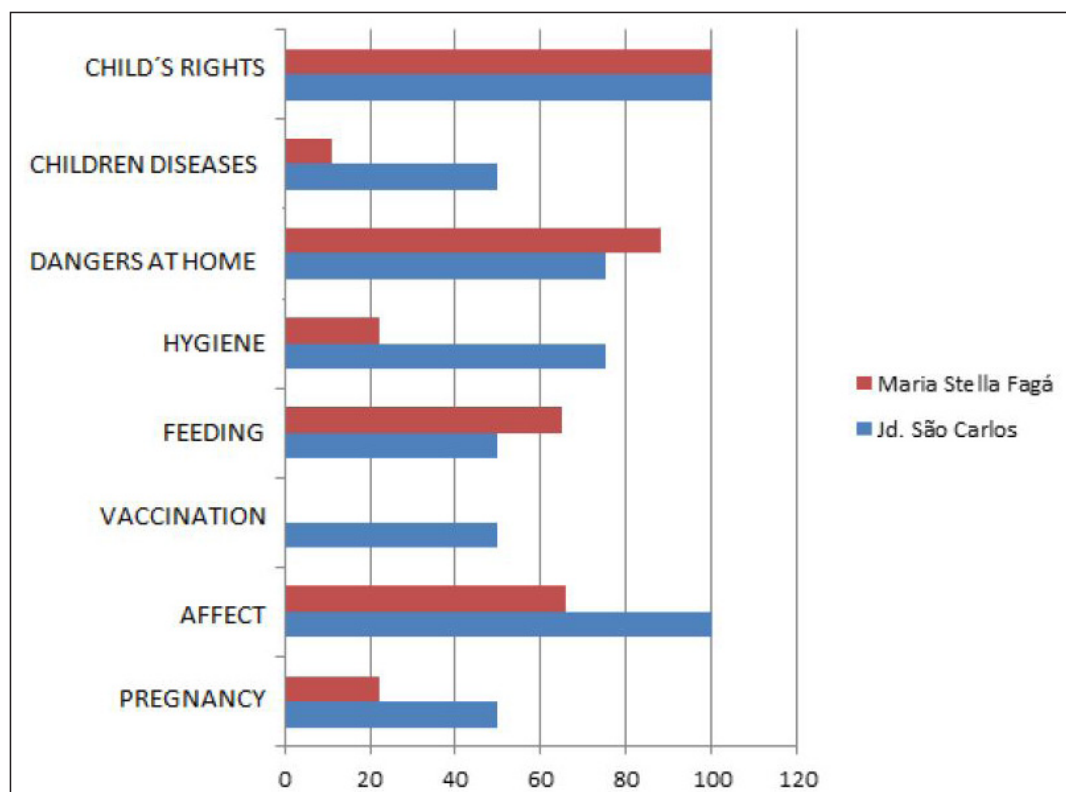


Figure 2. Comparison of the most discussed themes during the training.

In this way, the ACS is an important actor for the family's instruction regarding the rights of the children. In the relationship between family and agent, during home visits, the needs for intervention and/or the search for organs that guarantee child protection can be identified.

After the training, an evaluation of the whole process was carried out. All mothers praised the way the training was carried out, the discussion and the reflection on the themes. Three of the four mothers who did the training individually argued for the preference for future group training so that they could be better used, and those who did in group emphasized the importance of exchanging experiences between them and the team.

Thus, considering Ballarin's (2003) descriptions of the occupational therapist's performance in groups, it is important to have this professional as a possible coordinator of the groups, responsible for their constitution, exercising their role through the evaluation of the quantity of participants, referrals, selection criteria, establishment of the therapeutic contract, preparation of the environment and materials.

4 Conclusion

This work used the methodology of continuing education with the ASCs and USF users families through an extension project to promote training and exchange of experiences regarding child development surveillance and integral child care.

The training through dynamics and group discussions can be defined as actions of continuing or education training. According to Gatti, Barreto and André (2011), these training consist of workshops, lectures, seminars and short courses, both face-to-face and at a distance, offered by the Secretaries of Education or as a result of contracts signed with university institutions, research institutes or private institutions. As for the training, it can meet the conception of continuing education when we understand it as a way of making it capable and enabling someone to become an educator as well (MURBACK, 2008). According to this author, there are different concepts of continuing education over time that respond to different conceptions and interests. The experiences lived in this activity of extension fit into the human formation in an integral way, considering the socioeconomic, political and

cultural aspects, since it aimed to provoke reflection, resignification, and appropriation of the subjects involved in contents and practices.

Another important result of this extension activity was the strengthening of the bond of the undergraduate students who participated in the formation in the USF, as well as the identification of the importance of projects developed in this scenario of primary care, aiming at the continuing education and the empowerment of ACSs.

According to Oliver and Almeida (2007, p. 125):

The occupational therapist is an important element in programs that work directly in the community because, by its interdisciplinary training, it can stimulate the development of actions focused on the individual and collective sphere, contributing to the recognition of the needs of the community and the individuals who reside in it.

Thus, thinking about Occupational Therapy in primary care is to think of an action performed directly in the territory, aiming to provide individuals with quality access to information and practices, so it is possible to achieve improvements in the quality of life of the subjects that seek USF.

In a review of the literature by Bassia, Malfitano, and Bianchic (2012), most of the work on Occupational Therapy in primary care is mainly focused on rehabilitation interventions and actions for people with disabilities. Work focused on health promotion and integral health care for the child are new in the work of Occupational Therapy in primary health care. Thus, the relevance of this study is highlighted, especially when it is associated with undergraduate student training for the context of the Unified Health System.

It was observed how powerful it is to intervene in this context by promoting actions to monitor children's development based on the capacities offered to ASCs. There was positive feedback from all the participants (ACS and mothers) because several topics were addressed and many doubts could be solved. Also, ASCs reported a lack of capacity building, as they often lacked contact with specific issues such as child development references, hindering to detect and intervene earlier on the demands.

Also, the issue of child monitoring is highlighted at crucial moments in its development. According to Fox and Rutter (2010), early experiences have a profound effect on human development, as do critical periods, or "windows of opportunity," and during some types of experiences have a fundamental

effect on the development of skills and abilities. Thus, regular assessment of child development is critical for children to be addressed in their stimulation needs.

Monitoring child development can be implemented in public programs for development monitoring. Ministry of Health documents (BRASIL, 2002) point out that USFs may be appropriate places for this, and USF health professionals teams, together with families, can participate in the process of evaluating children's development and insert simple procedures for this action in the USF routine (SIGOLO, 2011).

Thus, considering childhood as an important period of care for a good development, it is concluded that this report contributes to foster the importance of actions to promote child development surveillance, targeting the primary health area and counting on the participation of different actors, seeking to promote integral care for children.

It is up to the process of continuous education to place knowledge as the principal transformer of subjects, enabling the overcoming of existing problems and difficulties. In this way, the importance of the university's approach to the community is emphasized, with the purpose of effecting the actions of health promotions, the detection of development delays and the empowerment of the subjects involved in these contexts.

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