ISSN 2526-8910
Cad. Bras. Ter. Ocup., São Carlos, v. 25, n. 4, p. 899-907, 2017
http://dx.doi.org/10.4322/2526-8910.ctoEN0872

Occupational therapy, work and intellectual disabilities: subsidies for acting in the Unified System of Social Assistance

Luciana Togni de Lima e Silva Surjus

Departamento de Políticas Públicas e Saúde Coletiva, Universidade Federal de São Paulo – UNIFESP,
Santos, SP, Brazil.

Abstract: Introduction: This essay questions the social inclusion of people with intellectual disabilities, considering the specificities of their social representation. It identifies the constitution of work as a privileged human activity in industrial societies, crossing the different conceptions and concerns in the scope of the construction of knowledge and practices in occupational therapy. Objective: To develop a critical reflection on the potential of occupational therapists in the processes of social inclusion of people with intellectual disability through work, within the scope of the Unified System of Social Assistance. Method: The reflective process was based on a brief review of the state of the art on national productions dealing with the social inclusion of people with intellectual disabilities through work, as well as the interface between Occupational Therapy, Work and Intellectual Disability. It highlights the importance of the expansion of actions to be developed in the context of the Public Policy of Social Assistance. Results: The lack of inclusion of people with intellectual disabilities in the work environment is an evidence of an important axis to guide the actions needed to interfere with the pathological and institutionalizing fate, still hegemonic to the population in question. Conclusion: Contributions to occupational therapy practices are presented to people with intellectual disabilities, especially in the context of the Public Social Assistance Policy in Brazil.

Keywords: *Intellectual Disability, Occupational Therapy, Work, Social Inclusion, Public Social Assistance Policy.*

Terapia ocupacional, trabalho e deficiência intelectual: subsídios para a atuação no Sistema Único da Assistência Social

Resumo: Introdução: O presente ensaio problematiza a questão da inclusão social das pessoas com deficiência intelectual, considerando as especificidades de sua representação social. Identifica a constituição do trabalho como atividade humana privilegiada nas sociedades industriais, perpassando as diferentes concepções e preocupações no âmbito da construção de conhecimento e das práticas em terapia ocupacional. Objetivo: Desenvolver uma reflexão crítica acerca do potencial de atuação de terapeutas ocupacionais nos processos de inclusão social das pessoas com deficiência intelectual pelo trabalho, no âmbito do Sistema Único da Assistência Social. Método: O processo reflexivo partiu de uma breve revisão do estado da arte das produções nacionais que tratam da inclusão social das pessoas com deficiência intelectual através do trabalho, bem como da interface entre Terapia Ocupacional, Trabalho e Deficiência Intelectual, destacando a importância da ampliação das ações a serem desenvolvidas no contexto da Política Pública de Assistência Social. Resultados: Destaca-se a baixa inclusão das pessoas com deficiência intelectual no mundo do trabalho, evidenciando-a como importante eixo

---

Corresponding author: Luciana Togni de Lima e Silva Surjus, Curso de Terapia Ocupacional, Departamento de Políticas Públicas e Saúde Coletiva, Universidade Federal de São Paulo, Campus Baixada Santista, Rua Silva Jardim, nº 136, Vila Matias, CEP 11015-020, Santos, SP, Brazil, e-mail: lucianasurjus@gmail.com

Received on June 7, 2016; 1st Revision on Dec. 24, 2016; 2nd Revision on Mar. 1, 2017; Accepted on Mar. 15, 2017.

norteador das ações a serem exploradas para que se interfira sobre o destino patologizante e institucionalizador, hegemônico à população em questão. Conclusão: São apresentadas contribuições para as práticas de terapia ocupacional junto às pessoas com deficiência intelectual no âmbito da Política Pública de Assistência Social no Brasil.

Palavras-chave: *Deficiência Intelectual, Terapia Ocupacional, Trabalho, Inclusão Social, Sistema Único de Assistência Social.*

1 Introduction

1.1 The institutionalization of the difference and the Social Representation of people with intellectual disabilities

The way in which people with disabilities (PWDs) are socially conceived comes from historical perspectives that corroborate the structuring of a diversity of disciplinary responses and the establishment of Public Policies. From the 90s, a model of biopsychosocial understanding of disability gains international force, inspired by successful experiences of overcoming asylums and special educational institutions, conceiving it as a result of multiple dimensions - biomedical, psychological, social, cultural and political - related to each other.

Based on the anthropological view of the disability, Lepri (2012) takes the theory of social representations as a transversal concept to show the mechanisms the community constructs images to recognize PWDs and assure them place and meaning in the social context, mutually influencing the construction of their identities.

The control of the State is rescued in antiquity on aspects of the sexual life of the population and the extermination of PWD, provided in the Greek law, to ensure military supremacy through the conception of beautiful and strong children. On the deficiency, the idea of a non-natural and immoral fact prevailed, justifying, by the logic of reason, the replacement of the order where nature was wrong.

Marked by the sovereignty of Christianity and the constitution of man in the image and likeness of God, the Middle Ages reinstated the issue of physical evils as divine punishment for pedagogical, punitive or saving purposes. They found for these purposes an opportunity for salvation and redemption for sinners, caregivers of the “children of sin”. The feeling of guilt and the attitude of conditioned acceptance did not prevent the atrocities of the inquisition, marked by the validation of extermination of differences, without predilection by the PWD nor preservation movements (LOBO, 2008).

The formation of a scientific representation of disability begins in the 18th century, with the main possibility of eliminating the needs of natural life and establishing habits linked to the new social life as educational processes. Diversity studies are established, resulting the birth of special education from this perspective (LEPRI, 2012).

With advances in the knowledge body considered as scientific, the Illuminist ideology and its pedagogical ideas were replaced by new concepts of normality - consolidating in the nineteenth century in the lifestyle and ideas typical of a new social class, the bourgeoisie. Active participation in productive processes would definitively separate normal and maladjusted, and the latter directed to different institutions, according to medical or criminal classifications.

Morphological, anthropometric, and clinical knowledge would no longer be curious observations apart from scientific work, but “pure science in the management of men” (LEPRI, 2012). The logic of social adaptation generated changes in the actions directed at children, leading to the compulsory educational processes. Evaluation scales were developed to differentiate the fate of the abnormal ones: some for regular schools, others for special schools, and still others for hospices, a fate still common to many today (SURJUS; ONOCKO-CAMPOS, 2014).

The representation of disability as a “disease” has brought concrete effects and continues to predominate, fragmenting the ways of caring, separating diagnosis and treatment from what is understood by processes of social insertion. Such a conception captures professionals and PWDs in endless rehabilitation processes, whose lack of prospects culminates in segregation and strong barriers to building bonds and inclusion. If the guarantee of the rights of citizenship were in the background, when, after the therapeutic stage, rights could be granted.

The tenth century would also reserve, from the new conceptions of State, a growing demand of the families in no longer to delegate the education and care of the children with disabilities to special institutions, centered on values considered outdated. This more active role promoted the beginning of the family organizations that, in the absence of public actions directed to PWD, began to develop them. Childhood and overprotection are amplified and defined in this context.

People with intellectual disabilities (PWID) would be ‘protected’ from typical experiences such as experiencing their sexuality or autonomy. Social representation as “eternal children” is consistent with a social organization that does not provide for active social roles in the adult world in which the issue of work becomes central.

For Lepri (2012), the general idea of a “person” configures contemporary social representation, having the International Convention on the Rights of People with Disabilities - CIDPCD (BRASIL, 2009a) and the International Classification of Functionality - CIF (WORLD..., 2001), as fundamental reference and adding the Brazilian Inclusion Law - LBI (BRASIL, 2015a).

Considering disability in an inclusion perspective means paying special attention to how the person is represented in the different groups that make up a social context, mirroring and obtaining information for the formation of their identity. It is important for professionals to understand which representations coexist and are active in different social groups of reference, including those in which they base their own position (LEPRI, 2012). This theoretical study aims to develop a critical reflection about the potential of occupational therapists in the processes of social inclusion of people with intellectual disability through work, within the scope of the Single System of Social Assistance.

2 Method

From the clinical experience in public health and management policy in a third sector institution to support the social inclusion of PWID, which provided the contact with the production of Carlo Lepri, the need for the development of a reflection process that dealt with the peculiarity of the inclusion of this population in the Brazilian labor market emerged. The reflective effort was made from the dialogue with the findings of a brief review of the state of the art of national productions that dealt with the issue of social inclusion through work, as well as the possible interface between occupational therapy, work, and intellectual disability.

This type of review has been recognized for the possibility of highlighting a given area, offering perspectives and pointing out potential opportunities for the development of studies on an issue with more research needs, being the object of future prioritization (GRANT; BOOTH, 2009). However, it is important to consider the limitations of the review carried out in this study, whose objective was limited to the effort to develop a critical reflexive process that could contribute to the problematization and the progress of inclusion actions aimed at this population.

3 Occupational Therapy and Work - Conceptual and Practical Transformations

The first model of therapeutic intervention for abnormal people - called “Moral Treatment” - emerged in France and aimed at renewing the patient to a socially accepted role - as a worker, justifying the centrality of work in asylum institutions. The use of occupation and work was introduced in the Reform promoted by Pinel, aimed at correcting the disorganization of behaviors, inappropriate habits and reactions to stress, arising from external pressures to the patients, constituting the moral obligation of society to help them return to their normal lives (CARLO; BARTALOTTI, 2001; SOARES, 1991).

Occupational therapy was characterized as a profession in the health area, appearing as an instrument and medical act, performed by nurses and social workers, in a second historical moment of recovery and valorization of Moral Treatment. The treatment by the occupation was aimed at the rehabilitation, social reintegration of the individual and the restoration of the capacity to play social roles, through the training of appropriate habits of self-care and behavior, through gradualism of demands for the accomplishment of the activities (CARLO; BARTALOTTI, 2001).

Following the historical process of the health professions in Brazil, which reflect the fragmentation of care in subspecialties, corresponding to the positivist perspective of knowledge and the capitalist market logic, occupational therapy has also been organized, restricting the professional scope sometimes to the application of techniques.

Also, occupational therapists carried out processes of redemocratization in the country and structuring of Public Policies, contributing critically to the overcoming of the reductionist paradigm, recognizing the political character of professional action, facing its contradictions and exposing practices that would serve to hide the violence of the institutions of exclusion (NASCIMENTO, 1990; SOARES, 1991; MEDEIROS, 2003; BARROS; LOPES; GALHEIGO, 2007).

This critical movement of problematization of the socio-historical context of human needs in a class society has added reflections on the economic, political and ideological character imbricated in professional practices, inaugurating efforts to understand occupational therapy as a social practice, inserted in the social division of labor, having the interest of the ruling classes in the processes of rehabilitation as background (SOARES, 1991).

The human activity taken as a fundamental element of insertion of individuals or groups in their daily spaces was revised to overcome the restriction of the definition of the profession to its working instrument, reoriented by the conditions and needs of the marginalized and excluded population. The absence of rights began to be understood as defining the quality of the relationship that is established with the marginalized, showing the inseparable character of the professional action with the analysis of the institutional and social situation, to promote technical-political interventions that face the complexity of the problems and the limits imposed on the population assisted in the construction of transformation paths (NASCIMENTO, 1990).

4 Work as a Social Right for People with Intellectual Disabilities

The population census of 2010 indicates that 45.6 million Brazilians (23.9%) have some type of disability; a quarter of them are between 15 and 64 years old, mostly women, living predominantly in urban areas (OLIVEIRA, 2012). PWIDs make up 1.4% of PWDs, and at the appropriate working age, only 20.2% of men and 14.2% of women are inserted in the market (FURTADO; PEREIRA-SILVA, 2014).

The Brazilian Federal Constitution defines that work is a social right, prohibiting any wage discrimination or the admission criteria of PWD. According to the CIDPCD, people with disabilities are

> [...] those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with one or more barriers may obstruct their full and effective participation in society on an equal basis with other people [...] (BRASIL, 2009a).

From the perspective of work as a right, legal provisions have been established to focus on the inequality scenario of this population group, of which the following stand out: Law 8,213/91, known as the quota law, which provides for access to Social Security, conditions of habilitation and rehabilitation for the work, besides the reserve of places for PWD in the formal labor market; and Law 13,146/2015, known as the Brazilian Inclusion or Disability Statute, which provides that the services of the Unified Health System (SUS) and the Single Social Assistance System (SUAS) should promote articulated actions to ensure to the PWD and its family the acquisition of information, guidelines and forms of access to public policies, promoting their full social participation, including work as a necessity to the exercise of citizenship.

According to the American Intellectual Disability Association (AMERICAN..., 2010), ID is characterized by significant limitations in intellectual functioning and adaptive skills, originating before 18 years old.

According to the Annual Report on Social Information (RAIS) of the Ministry of Labor and Employment, studies show that, out, only 348.8 thousand jobs (about 1%) of 37.6 million jobs in 2007were occupied by PWD and 2.4% of with ID (ALMEIDA, 2007), which corresponds to the highest exclusion indicative among the different types of disability (TOLDRÁ et al., 2010).

In the period of 2014 and 2015, the country experienced a reduction of 1.5 million total jobs, ending the period with 48 million existing jobs, of which 403.2 thousand were employed by PWC and, 32 thousand of them were employed by PWID (BRASIL, 2015b). In spite of the increase observed, the scenario of the PWIDs remains the least group of people with disabilities entering the formal labor market.

The efforts and advances from legal achievements have become an object of research interest, with increasing but still, initial publications in periodicals indexed in the country, in the administration, education, organizational psychology, and collective health areas. In the more recent studies, besides the smaller insertion in the formal labor market, other specificities related to the inclusion of this population, such as the recruitment process absolutely and integrally linked to their insertion in institutions, responsible for the indication of people with the profile desired by the companies, even if the training takes place directly in service, when the effective hiring. Contrary to this, performance evaluation processes have followed rites and general perspectives for any contracted professional (BEZERRA; VIEIRA, 2012).

It is also observed that many PWDs maintain their productive activities in their own support institutions, in protected spaces (FURTADO; PEREIRA-SILVA, 2014) or, when included through supported work strategies (BRASIL, 2015b), occupy the smallest positions in the institutional hierarchy, which are why they were referred to as the new "rally" of labor organizations (BEZERRA; VIEIRA, 2012). The low expectation of the family in real employment opportunities is also evidenced (MASCARO, 2016); low education level; social misinformation about capabilities; and welfare bias, as barriers to access and permanence of PWID in the labor market (TOLDRÁ et al., 2010).

The LBI (BRASIL, 2015a) defines a barrier as

> [...] any obstacle, attitude or behavior that limits or impedes the social participation of the person, as well as the enjoyment, enjoyment, and exercise of their rights to accessibility, freedom of movement and freedom of expression, communication, access to information, understanding, and safe movement.

They can be classified as urban - in roads and public and private spaces open to the public or for collective use; architectural - in public and private buildings; in transport; in communications and in information - hindrance, obstacle, attitude or behavior that hinders or impossible to express or receive information; attitudinal - attitudes or behaviors that prevent or impair the social participation of the PWID in equal conditions and opportunities with the others; and technological barriers - that hinder or impede access to technologies. It can be seen that in the case of PWID, attitudinal, communication and information, and technological barriers are the most relevant.

Social inclusion of PWIDs can occur through supported work, which should provide support to specific needs, such as the presence of facilitating agents that can contribute to overcoming the main barriers, as well as the identification of interests and vocational profile (BRASIL, 2015a).

According to the LBI, professional qualification and rehabilitation of people with disabilities must be articulated to public and private networks, especially health, education and social assistance.

5 The National Social Assistance Policy (PNAS) and the Single Social Assistance System (SUAS)

After a long process of redemocratization in Brazil, after the approval of the Federal Constitution, it was still 5 years until the sanction of the Organic Law of Social Assistance - LOAS (BRASIL, 1993), maintaining the conceptions and practices of welfare and fragmented, subalternating and blaming families and individuals for the situations they were in, for a long time in Brazil (BRASIL, 2013).

Social assistance is a constitutional right, and it is the State's duty to provide social minimums, through a set of actions of public initiative and society, to ensure that basic needs are met, aiming at social protection, which aims to guarantee life, harm reduction and risk prevention; socio-welfare surveillance; and the defense of rights. PWDs are a priority population of the Unified Social Assistance System (SUAS) (BRASIL, 2011a).

Created by PNAS (BRASIL, 2005), SUAS is a non-contributory, decentralized and participatory public system whose function is the management of Social Assistance, encompassing income transfer strategies, through Assistance Benefits, provided to public contribute to overcoming situations of vulnerability.

Although instituted in 2004, SUAS was regulated in 2011 with the tendency towards philanthropy and the historical presence of goodwill as determinants for the delay in the institutionalization of social assistance as a right in Brazil. From 2009, the Basic and Special Social Protection services, of medium and high complexity were standardized throughout the national territory through the National Typification of Social Assistance Services (BRASIL, 2009b).

Occupational therapists working in the social assistance area since the 1970s, integrating teams of institutions aimed at assisting adolescents in conflict with the law, the elderly and community programs for low-income populations (ALMEIDA et al., 2015), they officially integrate the set of professionals who can compose the social assistance services, including in management (BRASIL, 2011b) in 2011.

Regarding the PWD, considering the risks of vulnerability and threats to constitutional guarantees, the right to social assistance includes services, programs, projects and benefits that aim to guarantee income security, reception, habilitation and rehabilitation and the development of autonomy for the promotion of full social participation (BRASIL, 2015a). The monthly benefit of a minimum wage is also guaranteed to those who do not have the means to provide for their subsistence or to have it provided by their family (BRASIL, 1993).

6 The Acting of Occupational Therapists with PWID in SUAS

The work of occupational therapists in institutions or directly with populations in conditions of restriction of access to social goods, identified with the notion of poverty, vulnerability and/or separation of the rights of citizenship distributed differently, marked by experiences of non-citizenship and non-belonging justifying its institutionalization, has been gaining diverse epistemological contours in occupational therapy (GALHEIGO, 2003).

Considering that occupational therapy as a knowledge and practice area organized in line with the sectoral policies in which it is inserted, macro-structural, historical and conceptual issues must necessarily subsidize the construction of political-operational domains and guide the creation of a set of methodologies of actions directed to the personal and collective domain of the different populations assisted (GALHEIGO, 2003). In this way, since the PWD is one of the priorities of the work in the SUAS, it is necessary to deepen the debate that can corroborate contemporary practices of action with the PCDI in this scope.

The transformation of conceptions about human activity allows not to deal with activity as an abstraction emptied of meaning but adding its multiple dimensions as an instrument for emancipation, in this perspective, becoming aware of the current paradigm and its effects on our actions, recognizing limits and (BARROS et al., 2002).

In this way, actions directed to the PWID must overcome developmental and infantilized conceptions, in which the ideas of competences are never performed. Thus, efforts must be directed at the real contexts of life-transforming them qualitatively, proposing new paths.

Being a social phenomenon that encompasses inequalities, the exclusion not restricted to economic issues is also updated in the impossibility of access to socio-communitarian mechanisms and protection systems, resulting in experiences of isolation and negative self-image (COSTA, 2016). An anthropological view of disability does not deny people's difficulties in living but aims to enable each person to find a legitimate sense as a member of the human community. Social inclusion through work must propose real social roles in the labor market, contemplating the support of people's "exposure" to the "inherent risks of existential adventure" (LEPRI, 2012).

From this perspective, the professional involved in the processes of inclusion of the PWID in the work must promote and offer history - understanding the person as a result of a course within the present, past, future; context - positioning it in function of the real scenario, in vital relation with an environment that can be modified; relationships - inserting it in the network of veridical relations, of languages and representations that are imposed on them to be able to transform them; meaning - inserting it into a logic of meanings and meanings, shifting the look that reduces it to diagnosis, including the expression of signs that read in a certain context always want to say something (LEPRI, 2012).

The loneliness after work, the difficulties of social interactions, the meeting with one's limits and the issues of affectivity and sexuality are dimensions of the insertion in the world of work evidencing needs of support. "Needs of normality" characterized by affective, educational, experiential, role and sense dimensions that characterize the lives of all people, and must replace the special needs - care, attention, rehabilitation, and protection - should be temporary and, indeed, exceptional (LEPRI, 2012).

Professionals should be placed as mediators to favor the experimentation of meaningful and authentic existential itineraries, using adaptations that allow the assumption of socially valued roles. Formal labor relationships, organized under competitive logic, can be decisive in acting as barriers to accessing the social roles reserved for those who hold typical characteristics of the strongest, at the risk of becoming insurmountable obstacles to the PWID.

Recognizing that disability is a result of the interaction between people with disabilities and attitudinal and environmental barriers that prevent their full participation in society, based on equal opportunities is to review the professional place of "social adapter" and effectively act as a "social articulator" (GALHEIGO, 2003) to promote, protect, and foster equality in the opportunity to enjoy human rights and fundamental freedoms by the PWIDs, in the commitment to build knowledge and practices that relegate marginalized subjects "as the object of human rights discourse" as effectively "subjects of human rights" in their multicultural conception (SANTOS, 2014).

For Lepri (2012), social inclusion must consider the physical aspects, sharing normal environments such as school, home, work, leisure; functional, enjoying environments such as shopping at the supermarket, having lunch at the restaurant, using technology; relationships, establishing reciprocally satisfactory relationships with families, neighbors, friends, colleagues; experiencing the cycles of life; civic, expressing themselves as citizens in different social places; and services, using those destined for all and as little as possible to the "specials".

It is necessary to affirm the economic character of productive work, of exchange values. Therapeutic effects, if any, should be secondary, occupying the workplace for those who want or need to work (CASTRO et al., 2001). The dialogue must be guiding principle that implies the re-dimensioning of technical knowledge, strengthening significant spaces. The great challenge is

> [...] to potentiate the express creation of freedom and shared experience in relation to exchanges of meaning and possibilities of being in the world [...] (BARROS et al., 2013, p. 592).

Or, to paraphrase Lepri, to build with the PWID who they want to be, from the moment they can already be.

7 Conclusion

Despite the historical advances in the area of disability expressed in the International Convention on the Rights of People with Disabilities, in the International Classification of Functioning and in important legal references, the PWID continue to configure the smallest population to access work as law in Brazil. Similarly, there are few national studies that address such an issue, already identified as an obstacle to the transformation of social places reserved for them.

The anthropological perspective of the disability can offer important subsidies for the work of occupational therapists in the scope of the Public Policy of Social Assistance in Brazil, emphasizing to be one of the populations to be prioritized in the Single System of Social Assistance.

The coherence and political engagement of occupational therapists working in SUAS should occur through the deepening of the identified barriers so through contextual situational assessments, PWIDs can be supported to better understand their needs and redefine their strategies to deal with daily conflicts, their doing and their position in the world.

Alternatives to the hegemonic mode of production, which seek to structure solidarity initiatives, enabling production of goods and services in sufficient quantity and quality to survive in the market, while at the same time aiming at respecting different rhythms, valuing capacities and knowledge in healthier working relationships, singled out and self-managed, have been consolidated under the principles of solidarity economy, indicating possible scenarios for the development of future studies.

References

ALMEIDA, M. C. A. et al. Terapia Ocupacional Social: notas acerca das ações na Assistência Social e para o desenvolvimento comunitário. In: CHAGAS, J. N. M. et al. (Org.). *Terapia Ocupacional na Assistência Social.* Rio de Janeiro: CREFITO 2, 2015. p. 8-11.

ALMEIDA, M. S. R. *Empregabilidade da pessoa com síndrome de Down.* São Vicente: Instituto Inclusão Brasil, 2007. Disponível em: <http://www.profala.com/artsindrome9.htm>. Acesso em: 14 dez. 2016.

AMERICAN ASSOCIATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES – AAIDD. *Intelectual disability, definition, classification, and systems of supports*. Washington: AAIDD, 2010.

BARROS, D. D. et al. Cultura, economia, política e saber como espaços de significação na Terapia Ocupacional Social: reflexões sobre a experiência do Ponto de Encontro e Cultura. *Cadernos de Terapia Ocupacional da UFSCar*, São Carlos, v. 21, n. 3, p. 583-594, 2013.

BARROS, D. D.; GHIRARDI, M. I. G.; LOPES, R. E. Terapia Ocupacional Social. *Revista de Terapia Ocupacional da Universidade de São Paulo*, São Paulo, v. 13, n. 2, p. 95-103, 2002.

BARROS, D. D.; LOPES, R. E.; GALHEIGO, S. M. Terapia Ocupacional Social: concepções e perspectivas. In: GALVÃO, C. F.; CAVALCANTI, A. *Terapia Ocupacional – Fundamentação e Prática*. Rio de Janeiro: Guanabara Koogan, 2007. p. 347-53.

BEZERRA, S. S.; VIEIRA, M. M. F. Pessoa com deficiência intelectual: a nova "ralé" das organizações do trabalho. *Revista de Administração de Empresas*, São Paulo, v. 52, n. 2, p. 232-244, 2012. Disponível em: <http:// www.

fgv.br/rae/artigos/revista-rae-vol-52-num-2-ano-2012-nid-46933/>. Acesso em: 20 dez. 2016.

BRASIL. Lei nº 8.742, de 7 de dezembro de 1993. Dispõe sobre a organização da Assistência Social e dá outras providências. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 8 dez. 1993. Disponível em: <www.planalto.gov.br/ccivil_03/leis/L8742.htm>. Acesso em: 13 jun. 2016.

BRASIL. Ministério do Desenvolvimento e Assistência Social. *Política Nacional de Assistência Social.* Brasília: MDS, 2005. Disponível em: <//prattein.com.br/ home/images/stories/PDFs/PNAS-2004.pdf>. Acesso em: 13 jun. 2016.

BRASIL. Decreto nº 6.949, de 25 de agosto de 2009. Promulga a Convenção Internacional sobre os Direitos das Pessoas com Deficiência e seu Protocolo Facultativo, assinados em Nova York, em 30 de março de 2007. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 26 ago. 2009a. Disponível em: <http://www. planalto.gov.br/ccivil_03/_ato2007-2010/2009/decre- to/d6949.htm>. Acesso em: 13 jun. 2016.

BRASIL. Resolução nº 109, de 11 de novembro de 2009. Aprova a Tipificação Nacional dos Serviços Socioassistenciais. *Diário Oficial [da] República Federativa do Brasil*, Poder Executivo, Brasília, DF, 25 nov. 2009b. Disponível em: <www. assistenciasocial.al.gov.br/sala-de-imprensa/arquivos/folder.2010-11-23.9973739377/Tipificao.pdf>. Acesso em: 13 jun. 2016.

BRASIL. Lei nº 12.435, de 6 de julho 2011. Altera a Lei n o 8.742, de 7 de dezembro de 1993. Dispõe sobre a organização da Assistência Social. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 7 jul. 2011a. Disponível em: <http://www.planalto. gov.br/ccivil_03/_Ato2011-2014/2011/Lei/L12435. htm#art1>. Acesso em: 13 jun. 2016.

BRASIL. Resolução nº 17, de 20 de junho de 2011. Ratifica a equipe de referência definida pela NOB-RH/ SUAS e reconhece as categorias profissionais de nível superior para atender as especificidades dos serviços socioassistenciais e das funções essenciais de gestão do sistema Único de Assistência Social (SUAS). *Diário Oficial [da] República Federativa do Brasil*, Poder Executivo, Brasília, DF, 21 jun. 2011b.

BRASIL. Ministério do Desenvolvimento Social e Combate à Fome. *Coletânea de Artigos Comemorativos aos 20 anos da Lei Orgânica da Assistência Social.* Brasília: MDS, 2013. Disponível em: <http://www. mds.gov.br/webarquivos/publicacao/assistencia_social/ Livros/20anosLOAS.pdf>. Acesso em: 13 jun. 2016.

BRASIL. Lei nº 13.146, de 6 de julho de 2015. Institui a Lei Brasileira de Inclusão da Pessoa com Deficiência (Estatuto da Pessoa com Deficiência). *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 6 jul. 2015a. Disponível em: <http://www.planalto.gov.br/ ccivil_03/_Ato2015-2018/2015/Lei/L13146.htm>. Acesso em: 13 jun. 2016.

BRASIL. Ministério do Trabalho e Emprego. *Relação Anual de Informações Sociais*. Ano Base 2015. Brasília: MTE, 2015b. Disponível em: <http://acesso.mte.gov.br/portal-mte/rais/>. Acesso em: 20 dez. 2016.

CARLO, M. M. R. P.; BARTALOTTI, C. C. Caminhos da Terapia Ocupacional. In: CARLO, M. M. R. P.; BARTALOTTI, C. C. *Terapia Ocupacional no Brasil*: fundamentos e perspectivas. São Paulo: Plexus Editora, 2001. p. 19-40.

CASTRO, E. et al. Atividades humanas e Terapia Ocupacional. In: CARLO, M. M. R. P.; BARTALOTTI, C. C. *Terapia Ocupacional no Brasil*: fundamentos e perspectivas. São Paulo: Plexus Editora, 2001. p. 41-59.

COSTA, L. A. A terapia ocupacional no contexto de expansão do sistema de proteção social. In: LOPES, R. E.; MALFITANO, A. P. *Terapia Ocupacional Social*: desenhos teóricos e contornos práticos. São Carlos: EdUFSCar, 2016. p. 135-154.

FURTADO, A. V.; PEREIRA-SILVA, N. L. Trabalho e pessoas com deficiência intelectual: análise da produção científica. *Revista Brasileira de Orientação Profissional*, Florianópolis, v. 15, n. 2, p. 213-223, 2014. Disponível em: <http://pepsic.bvsalud.org/pdf/rbop/ v15n2/11.pdf>. Acesso em: 20 dez. 2016.

GALHEIGO, S. M. O social: idas e vindas de um campo de ação em Terapia Ocupacional. In: PÁDUA, E. M. M.; MAGALHÃES, L. V. *Terapia Ocupacional*: teoria e prática. Campinas: Papirus, 2003. p. 15-26.

GRANT, M. J.; BOOTH, A. A typology of reviews: an analysis of 14 review types and associated methodo- logies. *Health Information and Libraries Journal*, New Jersey, v. 26, n. 2, p. 91-108, 2009. Disponível em: <http://onlinelibrary.wiley.com/doi/10.1111/j.1471-1842.2009.00848.x/epdf>. Acesso em: 18 mar. 2017.

LEPRI, C. *Viajantes inesperados*. Notas sobre a inclusão social das pessoas com deficiência. Campinas: Saberes Editora, 2012.

LOBO, L. F. *Os infames da história*: pobres, escravos e deficientes no Brasil. Rio de Janeiro: Lamparina, 2008.

MASCARO, C. A. A. C. Deficiência intelectual e educação profissional. *Journal of Research in Special Educational Needs,* England, v. 16, n. 1, p. 355-359, 2016. Disponível em: <http://onlinelibrary.wiley.com/ doi/10.1111/1471-3802.12296/epdf>. Acesso em: 20 dez. 2016.

MEDEIROS, M. H. R. *Terapia Ocupacional*: um enfoque epistemológico e social. São Carlos: EdUFSCAR, 2003.

NASCIMENTO, B. A. O mito da atividade terapêutica. *Revista de Terapia Ocupacional da USP*, São Paulo, v. 1, n. 1, p. 17-21, 1990.

OLIVEIRA, L. M. B. *Cartilha do censo 2010 pessoas com deficiência*. Brasília: SDH-PR/SNPD, 2012. Disponível em: <http://www.pessoacomdeficiencia. gov.br/app/sites/

default/files/publicacoes/cartilha-cen- so-2010-pessoas-com-deficienciareduzido.pdf>. Acesso em: 1 mar. 2017.

SANTOS, B. S. *Se Deus fosse um ativista de direitos humanos.* São Paulo: Cortez, 2014.

SOARES, L. B. T. *Terapia Ocupacional lógica do capital ou do trabalho?* São Paulo: Editora Hucitec, 1991.

SURJUS, L. T. L. S.; ONOCKO-CAMPOS, R. T. Interface entre deficiência intelectual e saúde mental: revisão hermenêutica. *Revista de Saúde Pública*, São Paulo, v. 48, n. 3, p. 532-540, 2014.

TOLDRÁ, R. C.; DE MARQUE, C. B.; BRUNELLO, M. I. B. Desafios para a inclusão no mercado de trabalho de pessoas com deficiência intelectual: experiências em construção. *Revista de Terapia Ocupacional da Universidade de São Paulo*, São Paulo, v. 21, n. 2, p. 158-165, 2010.

WORLD HEALTH ORGANIZATION – WHO. *Internacional classification of functioning, disability and health*. Geneva: WHO, 2001.