

# Occupational therapists inclusion in the ‘Sistema Único de Assistência Social’ (Brazilian Social Police System): official records on our route

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**Abstract:** Introduction: Although the social service is the historical action field of the occupational therapist in Brazil, only in 2011, the profession was recognized as one of the qualified professional categories to act in reference teams and/or social services management of the Brazilian Public Social Service System – SUAS. Thus, it is relevant to identify and understand the characteristics of such insertion, in the context of the action of such professionals in social policies. Objective: To describe and characterize the insertion of the occupational therapist in the SUAS, from 2011 to 2016, based on official data. Method: It is a descriptive study performed from secondary data obtained by the SUAS Census. The data were extracted selecting the category of occupational therapists and the respective variables available in the survey. We used a descriptive analysis by simple frequency. Results: In 2016, there were 1.323 occupational therapists officially registered working in the different services provided by the SUAS. From 2011 to 2016, homogeneous characteristics were identified as predominant in the professionals regarding the region of higher prevalence (Southeast), workload (20-30 hours/week), gender (female), and function (member of the technical team). However, there is a variation in the employment type among the different social service units (from civil servants to employees from the private sector). Conclusion: An increase in occupational therapists working in social service was verified, and the organization is required from the profession to meet such demand. It is very important to demonstrate the technical-professional capacity in these spaces, as well as to include an appropriate academic education to perform in this context.

**Keywords:** *Social Occupational Therapy, Public Policy, Professional Practice.*

## O cenário da inserção dos terapeutas ocupacionais no Sistema Único de Assistência Social: registros oficiais sobre o nosso percurso

**Resumo:** Introdução: Embora a assistência social seja um campo de atuação histórico do terapeuta ocupacional no país, somente em 2011 a profissão foi reconhecida como uma das categorias profissionais habilitadas a atuar nas equipes de referência e/ou gestão dos serviços socioassistenciais do Sistema Único de Assistência Social (SUAS). Assim, é relevante identificar e compreender as características dessa inserção, contextualizada na atuação desse profissional nas políticas sociais. Objetivo: Descrever e caracterizar a inserção de terapeutas ocupacionais no SUAS, no período 2011-2016, com base em dados oficiais. Método: Trata-se de estudo descritivo realizado a partir de dados secundários obtidos pelo Censo SUAS. Os dados foram extraídos selecionando a categoria terapeutas ocupacionais e as respectivas variáveis disponíveis no levantamento. Realizou-se análise descritiva por frequência simples.

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Resultados: Em 2016 havia 1.323 terapeutas ocupacionais oficialmente registrados como atuantes nos diferentes serviços do SUAS. Entre 2011-2016 identificou-se características predominantes homogêneas dos profissionais em relação à região de maior prevalência (sudeste), carga horária de trabalho (20 a 30 horas/semana), gênero (feminino) e função exercida (componente da equipe técnica). Ressalta-se, porém, variação do vínculo empregatício entre as diferentes unidades socioassistenciais (entre servidores estatutários e celetista do setor privado). Conclusão: Constatou-se um aumento de terapeutas ocupacionais atuando na assistência social, requerendo contínua organização da profissão para atender tal demanda. É imperativo demonstrar a capacidade técnico-profissional nestes espaços, além de abarcar uma formação acadêmica adequada para atuação neste contexto.

**Palavras-chave:** *Terapia Ocupacional Social, Política Social, Prática Profissional.*

## 1 Introduction

Social service is a historical acting area of occupational therapists in the country; however, only in 2011, the profession was regulated by the National Council of Social Service (CNAS) as one of the categories qualified to work in the reference teams and/or in the management of social care services of the *Sistem Único de Assistência Social* (Brazilian Public Social Service System) (SUAS). In this context, this study aims to describe and characterize the insertion of these professionals in the social care field, through official federal data, and to reflect on possible advances and challenges of the occupational therapist's performance in the process of implementation and performance of SUAS and the social service policy in recent years.

When rescuing the trajectories and professional routes of occupational therapists, there was greater incorporation of the category in social services (LOPES, 2016) since the 1988 Constitution and, more specifically from the early 1990s, outlining the proximity of these technicians with public policies.

As the Social Security logic provided in the Brazilian Constitution that ensures social rights of health, welfare and social service to all citizens (BRASIL, 1988) in an integrated manner, the reorganization of care services increased the possibility of occupational therapist's entrance in the context of those social policies, specifically health, education, work and social service. Thus, the occupational therapists became one of the actors in the area of public social policies to work for their implementation, execution, and recognition of the concrete needs of the population (MALFITANO, 2016).

The "social occupational therapy" is one of the areas of occupational therapy that has been seeking to know about acting in public social policies. This area focuses on the socioeconomic factors that hinder the social participation of the marginalized population, and the "[...] direct participation in social policies in the public arena of the discussion

of projects and collective needs [...]" is the inherent activity of their professional practice. Professionals of this area use theoretical references for a professional practice directed to a socio-historically contextualized perspective, considering the connection between individual, collective and institutional realities and needs (MALFITANO, 2016, p. 121).

The social service policy is one of the contexts and objectives of attention discussed by social occupational therapy, reaffirming this field of work.

The insertion of occupational therapy in social service in Brazil has a history with the institutionalization of the profession in the country. From their first professional functions, the occupational therapists were asked to work in social service institutions, particularly those of a charitable and philanthropic nature, such as APAEs (Association of Parents and Friends of the Exceptional), Pestalozzi Society, nursing homes, among others. The actions and institutions linked to social service in the 1970s and 1980s had a different legal character than today since they were welfare, philanthropy, and charity institutions (COUTO, 2010). Thus, in that context, the occupational therapists were also located in charitable institutions because the population traditionally assisted by these professionals, such as people with disabilities and/or mental disorders had little knowledge of their social rights and the resources and support they accessed were in the philanthropic and welfare institutions (MALFITANO; FERREIRA, 2011).

Thus, with the paradigm change from the principle of right and in line with the 1988 Constitution, there were changes implemented in the social service since 1990, and in 2005 a public legislative system was created to organize social service through the *Sistema Único de Assistência Social* – SUAS (Brazilian Public Social Service System) (BRASIL, 2005). This system is the result of an important historical process that reaffirms social service as a social policy and a citizen's right. The route leading to the approval of the National Social Service Policy and the

implementation of SUAS included movements and struggles that strengthened the area and enabled its legislative and public constitution (CARVALHO, 2002; SPOSATI, 2007).

To briefly resume this process, we highlight the Organic Law on Social Service (BRASIL, 1998) and the IV National Conference on Social Service 2003 as some of the milestones in Brazilian politics for its aspiration to break with the voluntary approach of the area. These processes contributed so that in 2004, CNAS could approve the National Social Service Policy (PNAS), outlining the perspective of implementation of SUAS (BRASIL, 2016a), and reaffirmed by the Basic Operating Standard (NOB) number 130, of July 15, 2005 (BRASIL, 2005).

Resolution 109 of the CNAS was another important document approved in November 2009, which defines the National Typification of Social Care Services. The document details the organization of units and services by the levels of complexity in

SUAS: Basic, Medium, and High Complexity Social Protection (BRASIL, 2009a).

The National Typification of Social Care Services also presents the reference units for the assistance of services and programs: the *Centro de Referência de Assistência Social* (CRAS) (Social Service Reference Center), *Centro de Referência Especializado de Assistência Social* (CREAS) (Specialized Reference Center for Social Service), *Centro de Referência Especializado para População em Situação de Rua* (Pop Center) (Specialized Reference Center for Homeless People), *Centro Dia/ Centro de Convivência* (Day Center/Living Center), *Casa Lar* (Home care), *Abrigo Institucional* (Institutional shelter) (including *Instituições de Longa Permanência para Idosos* – ILPI (Long Term Care Institutions for the Elderly population)), *Casa de Passagem* (Passing house), *Residências Inclusivas* (Inclusive Residences) and *Unidades Referenciadas à Assistência Social* (Reference Units for Social Service) (BRASIL, 2015). Table 1 shows the summary of units and services.

**Table 1.** Summary of the level of protection, units, and services by the National Typification of Social Care Services.

LEVEL OF PROTECTION		SOCIAL CARE UNITS	SOCIAL CARE SERVICES
BASIC SOCIAL PROTECTION		CRAS; CHILD/ ADOLESCENT CENTER/ELDERLY SENT TO CRAS; HOME CARE.	<i>Serviço de Proteção e Atendimento Integral à Família (PAIF)</i> (Integral Family Protection and Care Service); <i>Serviço de Convivência e Fortalecimento de Vínculos</i> (Living and Bond strengthening Service); <i>Serviço de Proteção Social Básica no Domicílio para Pessoas com Deficiências e Idosas</i> (Basic Home Social Protection Service for People with Disabilities and the Elderly).
SPECIAL SOCIAL PROTECTION	MEDIUM COMPLEXITY	CREAS; REFERENCE UNITS FOR CREAS; HOME CARE; DAY CENTER AND POP CENTER.	<i>Serviço de Proteção e Atendimento Especializado a Famílias e Indivíduos</i> (Specialized Protection and Care Service for Individuals and Families) (PAEFI); <i>Serviço Especializado em Abordagem Social</i> (Specialized Service in Social Approach); <i>Serviço de proteção social a adolescentes em cumprimento de medida socioeducativa de Liberdade Assistida (LA)</i> (Social protection service for adolescents in compliance with assisted freedom socio-educational measure) and <i>Prestação de Serviços à Comunidade</i> (Provision of Services to the Community) (PSC); <i>Serviço de Proteção Social Especial para Pessoas com Deficiência, Idosas e suas Famílias</i> (Special Social Protection Service for People with Disabilities, the Elderly and their Families); <i>Serviço Especializado para Pessoas em Situação de Rua</i> (Specialized Service for Homeless People).
	HIGH COMPLEXITY	SHELTERS; PASSING HOUSES; HOME CARE; ILPI; REPÚBLICA (HOSTING SERVICE); INCLUSIVE HOME; ETC.	<i>Serviço de Acolhimento Institucional</i> (Institutional Hosting Service); <i>Serviço de Acolhimento em República</i> (República Hosting Service); <i>Serviço de Acolhimento em Família Acolhedora</i> (Hosting Family Service); <i>Serviço de proteção em situações de calamidades públicas e de emergências</i> (Protection service in public disaster and emergency situations).

Source: Brasil (2009a). Data organized by the authors.

All these units and the recognition of social service as a social policy of citizens' rights did not mean a rupture of the welfare and charitable paradigm characterizing the social services for centuries (MESTRINER, 2001). This cultural change in the social service is in progress, requiring a new socio-cultural imaginary about the right, which is also related to the action of professionals in services, including the occupational therapist.

Thus, together with the struggles for the constitution and implementation of this new outline of social service policy, occupational therapists engaged in social movements and class representation to present the constructions already performed and the technical-professional possibilities of being in these places. We highlight the participation of professionals in the discussions at the National Forum of Workers of the *Sistema Único de Assistência Social*, created during the VII Social Care Conference, in 2009 (VIANNA, 2013). The Forums are important spaces for the negotiation and representation of occupational therapists.

After an intense sensitization and mobilization by this professional category, and supported by the class councils, associations, and universities (especially by the METUIA Project) the occupational therapists were recognized as a qualified category to work in SUAS through the involvement and tension in different debate spaces, such as permanent and workers' negotiation tables and forums (VIANNA, 2013). This is by the CNAS Resolution 17, which ratified the reference team defined by the Basic Human Resources Operational Standard (NOB-RH/ SUAS) and recognized the professional<sup>1</sup> categories that could become reference teams and/or the management of SUAS units (BRASIL, 2011a, 2011b).

As according to Borba et al. (2017), this review was an advance in the conduct of policies since given the complexity and multidimensionality of the scope of social service was always built by different knowledge and categories but considered only social workers and psychologists as "necessary" to the referral teams.

This inclusion in the occupational therapists repeats a previously existing professional action in the context of the services in the historical route of the social service in Brazil. It also recognizes skills of the category demanded by the recent policy guidelines and its new propositions, as well as the performing equipment, providing new opportunities for intervention, in different services and levels of protection. Therefore, in addition to advancing the formalization of its activities, such inclusion suggested the professional expansion and

made clear the challenges to improve the quality of intervention in this area such as the concern with professional training to act in the policy and different services and population profiles assisted (ALMEIDA et al., 2012; ALMEIDA; SOARES, 2016; BORBA et al., 2017).

Since then, in a collective effort to mark the occupational therapist's professional practice into the new PNAS and SUAS guidelines, the same articulators and supporters (Associations and Class Councils together with teachers and professionals from different regions of the country) have produced booklets and informative materials directed to the category, aimed at producing referential parameters for the action of occupational therapists in the different social service units of SUAS, in their different levels of social protection (CHAGAS et al., 2015; GOMES et al., 2013).

In recent years, there were also examples of efforts to update the theoretical and methodological references in the area, focused on professional action in this new design of social service social policy, as observed in recent studies on the theme.

For example, part of these articles addresses the professional practices contextualized in specific units linked to SUAS, such as *Unidades de Acolhimento*, *Centro Pop* and *CRAS* (LUVIZARO; GALHEIGO, 2011; SILVA et al., 2017; BORBA et al., 2017), others bring contributions in the historic rescue of the construction of the area from the constitution of social policies to the current contours of the profession (ALMEIDA; SOARES, 2016). Also, indicating SUAS as a practical scenario, and outlining a specific population, Surjus (2017) conducted a critical reflection on the occupational therapist's role in the processes of social inclusion working with people with intellectual disabilities.

Within the scope of professional practice to work at SUAS, based on experiences in extension projects, Almeida et al. (2012) highlighted the relevance of this professional action, and the challenges of deepening the knowledge about the social processes in the violation of rights and consequently, the qualification of the professional performance.

Vianna (2013) contributed to the description of the role of professionals in the debates for the definition of workers in SUAS, from a narrative about the process of recognition of professionals. Based on the devices of social services policies, Araujo, Oliveira and Patricio (2011) described how the practices of occupational therapists in SUAS are organized through the perceptions of

five occupational therapists working in the city of Belém, PA. The authors highlighted some challenges during their undergraduate education, professional insertion and identity recognition in other categories.

In this scenario, identifying the profile and the way occupational therapists have been inserting and linking to SUAS teams and different services and levels of protection in the national context, parameters of understanding about the weaknesses, potentialities, and challenges of the category participation in this social policy can be provided.

This article aimed to describe and characterize the professional insertion of occupational therapists in SUAS, between 2011 and 2016, based on official federal data aiming to know the characteristics of professional distribution. Thus, the social service is part of the Social Security system and is a right of all citizens who need it, and it materializes through public policies that have been organized in the country since 2005 by SUAS.

## 2 Methodological Route

This is a descriptive study based on secondary data obtained from the SUAS Census. This Census is conducted nationwide and published as official data by the Ministry of Social Development (BRASIL, 2016b).

The SUAS Census is a tool dedicated to the process of social care monitoring and surveillance of the social care service policy, consisting of an electronic form completed by the secretariats and social service councils of the states and municipalities. It has been held annually since 2007 through an integrated action between the National Secretariat of Social Service (SNAS) and the Secretariat for Evaluation and Information Management (Sagi) and regulated by Decree 7,334 of 19 October 2010 (BRASIL, 2011c). The information obtained each year is compiled in different databases, divided into categories. One of its categories is the composition of human resources in the different services/programs/projects of SUAS.

The year of 2011 was the beginning of data collection due to the regulation promoted by CNAS Resolution 17/2011. From this year onwards, data on the category of occupational therapists were identified in the SUAS Census.

The "Human Resources" category of CENSO SUAS databases from 2011 to 2016 was used to extract the information analyzed in this study. Each year, the available information related to the

category of the occupational therapists was manually selected. The tables allowed identifying SUAS workers with the title of an occupational therapist. Thus, these professionals were selected through the "filter" using Microsoft Excel® Software. Thus, each of the appearances was identified as a professional inserted in the unit.

After the selection, the data were reorganized into pivot tables according to the following variables available in the SUAS Census: social service units, regions of the country, employment type, the function performed, level of education, hours of work, and personal characteristics (gender and age range).

The analysis included up to six types of social service units, also according to the data available in the SUAS Census, which were: CRAS, CREAS, *Centro Pop*, *Unidade de Acolhimento*, *Centro de Convivência*, and *Centro Dia*. Descriptive analysis by simple frequency and further discussion based on the literature already produced in the area were performed.

Although there seems to be a public investment for the qualification of the process by completing the questionnaires that feed the database, there may be weaknesses in the accuracy of the information in the different units because the primary source of information is each municipality of the country and may have divergences in the form. However, admitting these possible weaknesses, it is still considered an important source of official data about the structure of SUAS in the country, publicly organized via the SUAS Census.

## 3 Results and Discussion

In 2011, the data available from the SUAS Census only showed CRAS, CREAS, and *Centro Pop* services. In 2012, 2013 and 2014, there was also the *Unidades de Acolhimento*, and, from 2015, data related to *Centros de Convivência* and *Centros Dia* were also added. These inclusions directly affected the absolute numbers regarding the occupational therapist's insertion in the system, as discussed below.

Considering this data availability over the years, the organization of the information about the professional insertion and characteristics of occupational therapists who work at SUAS is distribution by regions of the country and social service units, gender, education, hours of work, employment type and function.

### 3.1 Occupational therapists at SUAS according to the regions of the country and social service units

In 2011, 178 occupational therapists worked at CRAS, CREAS, and *Centro Pop*, and the region with the highest professional concentration was the Southeast, where there were 67 (37.6%) active occupational therapists. The Northeast was the second region with the highest number of occupational therapists (63 professionals, or 35.4%), followed by the South (30, or 16.8%), Midwest (13, or 7.3%), and North (5 occupational therapists or 2.8%). The distribution of these professionals in the units was: 122 (68.6%) occupational therapists at CRAS, 51 (28.7%) at CREAS and 5 (2.8%) at *Centro Pop*.

In 2012, the data from the professionals of the *Unidades de Acolhimento* were included in the SUAS Census, which showed a higher number of occupational therapists in social service, making a total of 414 workers. Of these professionals, 210 (50.7%) were in the Southeast, 102 (24.6%) in the Northeast, 63 in the South, 24 (5.8%) in the Midwest, and 15 (3.6%) in the North. The *Unidades de Acolhimento* had 230 (55.5%) occupational therapists, CRAS had 127 (30.7%), CREAS had 53 (12.8%) and *Centro Pop* had 4 (0.99%).

In 2013, there was a reduced number of occupational therapists working in different units, except for *Centro Pop*. In that year, there were 340 professionals, 188 (55.3%) in the *Unidades de Acolhimento*, 104 (30.6%) in the CRAS, 43 (12.6%) in CREAS, and 5 (1.5%) in *Centro Pop*. The distribution among their regions showed slight changes, with most professionals in the Southeast (162, 47.6%), followed by the South (64, 18.8%), Northeast (63, 18.5%), Midwest (32, 9.4%) and North (19, 5.6%).

In 2014, there were 426 professionals with the Southeast maintaining the highest concentration of occupational therapists (245, 57.5%), followed by the South (75, 17.6%), Northeast (73, 17.1%), Midwest (21, 4.9%) and North (12, 2.8%). In the *Unidades de Acolhimento*, there were 260 (61%) professionals, in which there were 115 in CRAS (27%), 38 in CREAS (8.9%), and 13 in *Centro Pop* (3%).

In 2015, with the insertion of professional data from *Centros Dia* and dos *Centros de Convivência*, there was the expansion of occupational therapists considered in social care services. Of the 1,341 occupational therapists identified, 802 (59.8%) worked in the Southeast, 294 (21.9%) in the South, 151 (11.3%) in the Northeast, 72 (5.4%) in the Midwest and

22 (1.6%) in the North. The *Unidades de Acolhimento* had 295 (22%) occupational therapists, 120 in CRAS (9%), 44 in CREAS (3.3%), 14 in *Centros Pop* (1%), 654 in *Centros dia* (48.7%) and 214 in the *Centros de Convivência* (16%). Considering the same units in 2014, the occupational therapists increased from 426 to 473, increasing to 47 professionals (12%).

Finally, analyzing the same units of the previous year, 1,323 occupational therapists were identified in SUAS in 2016. Of them, 806 (60.9%) were in Southeast units, 230 (17.4%) in the South, 197 (14.9%) in the Northeast, 66 (5%) in the Midwest, and 24 (1.8%) in the North. The distribution of occupational therapists in the units was: 301 in *Unidades de Acolhimento* (22.7%), 127 in CRAS (9.6%), 56 in CREAS (4.2%), 16 in *Centros Pop* (1.2%), 218 in *Centros de Convivência* (16.5%) and 605 in *Centros Dia* (45.7%). When considering the first four units (*Unidade de Acolhimento*, CRAS, CREAS, and *Centro Pop*), there were a total of 500 professionals, with an increase of 27 professionals from 2015 to 2016. Table 2 shows the summary with the number of professionals/unit/year.

In the historical series analysis of the occupational therapists included in SUAS, there was higher absolute number of professionals, particularly from 2014 to 2016, when considering the units: CRAS, CREAS, *Centro Pop* and *Unidade de Acolhimento*. Table 3 and Figure 1 show the growth of the historical series of professional insertion by region and by year.

The region with the highest number of occupational therapists inserted in SUAS over the years was the Southeast region. The Northeast region had the second largest number of professionals in 2011 and 2012, and, after this period, the South region occupied this position. The North region has always had the lowest number of professionals inserted. The Midwest region was the fourth region (second to last) with the largest number of professionals over these six years, with subtle and progressive increase over the referred period (Table 3).

The occupational therapists working at SUAS in 2016 were 1,323, which represented approximately 8% of occupational therapists in Brazil, based on the total of 16,245 occupational therapists in the country, according to data released in 2017 by the Federal Council of Physical Therapy and Occupational Therapy (CONSELHO..., 2017).

The data with the highest concentration of professionals in the Southeast region is similar to the findings that there is a higher concentration of professionals in this region in all professional contexts, which seems to be also confirmed in the

**Table 2.** Distribution of occupational therapists inserted in SUAS by social care units (2011-2016).

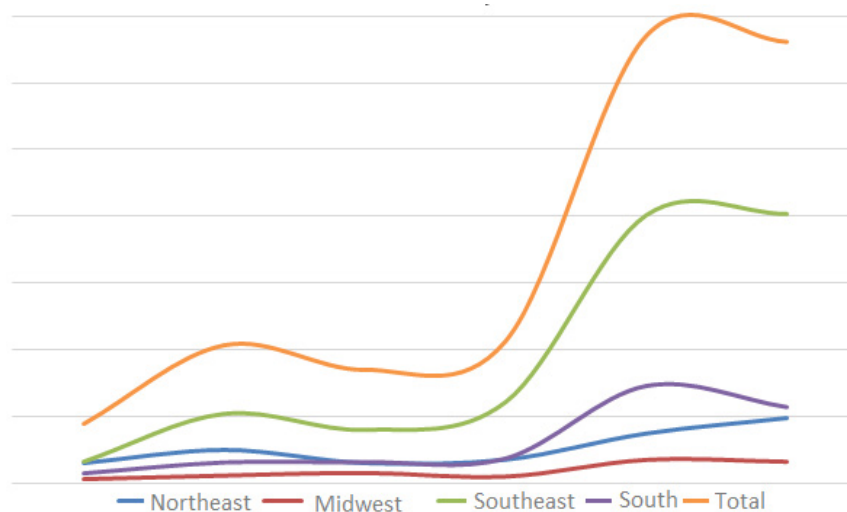
Unit/Year	2011	2012	2013	2014	2015	2016
<b>CRAS</b>	122 (68.6%)	127 (30.7%)	104 (30.6%)	115 (27%)	120 (9%)	127 (9.6%)
<b>CREAS</b>	51 (28.7%)	53 (12.8%)	43 (12.6%)	38 (8.9%)	44 (3.3%)	56 (4.2%)
<b>Centro POP</b>	5 (2.8%)	4 (0.99%)	5 (1.5%)	13 (3%)	14 (1%)	16 (1.2%)
<b>Unidade de Acolhimento</b>	-	-	188 (55.3%)	260 (61%)	295 (22%)	301 (22.7%)
<b>Centro Dia</b>	-	-	-	-	654 (48.7%)	6.05 (45.7%)
<b>Centro de Convivência</b>	-	-	-	-	214 (16%)	218 (16.5%)
<b>TOTAL</b>	178 (100%)	414 (100%)	340 (100%)	426 (100%)	1,341 (100%)	1,323 (100%)

Source: SUAS Census (BRASIL, 2016b). Organized by the authors.

**Table 3.** Distribution of occupational therapists inserted in SUAS by regions of the country (2011-2016).

Region/Year	2011	2012	2013	2014	2015	2016
<b>North</b>	5 (2.8%)	15(3.6%)	19(5.6%)	12(2.8%)	22(1.6%)	24(1.8%)
<b>Northeast</b>	63(35%)	102(24.6%)	63(18.5%)	73(17.1%)	151 (11.3%)	197 (14.9%)
<b>Midwest</b>	13(7.3%)	24(5.8%)	32(9.4%)	21(4.9%)	72(5.4%)	66(5%)
<b>Sutheast</b>	67(37%)	210(50.7%)	162(47.6%)	245 (57.6%)	802 (59.8%)	806 (60.9%)
<b>South</b>	30(16.8%)	63(15.2%)	64(18.8%)	75(17.6%)	294 (21.9%)	230 (17.4%)
<b>TOTAL</b>	178(100%)	414(100%)	340(100%)	426(100%)	1,341(100%)	1,323(100%)

Source: SUAS Census (BRASIL, 2016b). Organized by the authors.



**Figure 1.** Distribution of occupational therapists inserted in SUAS by regions of the country, considering the information of the social care units available in the SUAS Census of each year, during the period considered (2011-2016). Source: SUAS Census (BRASIL, 2016b), organized by the authors.

social service policy. This fact may be explained by the socio-economic development of the region and the greater supply of schools, professionals, and services, as shown in Table 4, which shows the total SUAS services by region.

The distribution of occupational therapists in different units that make up SUAS in absolute numbers, *Centros Dia* had the largest insertion

of professionals, while *Centros Pop* had the lowest insertion (Table 2).

The *Centros Dia* are characterized by the provision of special social protection services, with emphasis on people with disabilities and their families. This unit may be state or non-state public when offered by the municipality in partnership with social entities linked to SUAS. The provision of services

must occur in articulation with the health area and must have the registration of the *Sistema Único de Saúde* (SUS) by the health units present in the territory. In addition to health, the articulation of the *Centros Dia* includes education, work, culture and other sectors (BRASIL, 2012).

According to the technical guidance document for the unit, it should work 10 hours a day and five days a week, with a reference team consisting of:

[...] a service coordinator (higher-level technician), a social worker, a psychologist, an occupational therapist and ten mid-level professionals, acting as caregiver to take care of 30 patients per shift [...] (BRASIL, 2012, p. 40).

The presence of the occupational therapists in the description of the reference team possibly impacted the number of hired people in this type of unit. Thus, the importance of the units and professionals of the teams maintain the scope of social service in this context of care. As the *Centros Dia* often articulate their interventions with other areas, the potentialities of integrated and intersectoral actions are pointed out, but they also signal the importance of not approaching a medical/biomedical logic in these contexts.

Also, in the number of professionals in the units, there was a correlation about the proportion of occupational therapists per unit, considering the variation in the number of different types of units in the country.

Table 5 describes the distribution of occupational therapists per unit (multiplied by 100) in which the last column shows the number of professionals for every 100 units in 2016. Thus, comparatively, the *Centros Dia* had the largest number of occupational therapists (44.9 professionals per 100 units), and CRAS had lowest number (1.5 professionals per 100 units). Therefore, the number of occupational therapists in *Centros Dia* is one occupational therapist for every two units, while in CRAS there is an average ratio of one professional to almost 65 units. Considering the number of units by the professionals shown in Table 5, the presence of potential spaces explains the insertion of occupational therapists.

Equipment such as CRAS, CREAS, and Centro Pop represent public bases that offer SUAS structuring services. CRAS, for example, has a unique emphasis on the implementation of social rights and is considered a

[...] focus for access and promotion of social service rights in the territory, as it is the most capillarized unit of SUAS and is located close to its patients [...] (BRASIL, 2009b, p. 14).

This institution that demands proximity, knowledge, and recognition of the social needs of the groups and individuals still has a small insertion of occupational therapists and can be characterized as a potential space for the insertion of this professional category.

**Table 4.** Distribution of the total number of units by country region (2016).

Units/Region	NORTH	NORTHEAST	SOUTHEAST	SOUTH	MIDWEST
<b>CRAS</b>	622	2,643	2,841	1,517	617
<b>CREAS</b>	227	967	712	392	223
<b>Centro Pop</b>	11	58	102	46	13
<b>U. Acolhimento</b>	224	784	3,061	1,253	495
<b>Centro Dia</b>	13	97	812	316	107
<b>Centro Convivência</b>	238	2,205	4,035	1,408	568
<b>TOTAL</b>	1,335	6,754	11,563	4,932	2,023

Source: SUAS Census (BRASIL, 2017). Organized by the authors.

**Table 5.** Distribution of occupational therapists (OT) included in SUAS: proportion by social service units (2016).

Units	Total (2016)	OT (2016)	OT/ unit (X 100)
CRAS	8,240	127	1.5
CREAS	2,521	56	2.2
Centro Pop	230	16	6.9
Centro Dia e Similares	1,345	605	44.9
Unidade de Acolhimento	5,781	301	5.2
Centro de Convivência	8,454	218	2.6

Source: SUAS Census (BRASIL, 2017). Organized by the authors.



### 3.2 Occupational therapists at SUAS according to the gender of professionals

According to the variables of the professionals' gender working in SUAS since 2011, the occupational therapists' professional category is composed mostly of women in all the years surveyed, with an increase in the proportion of men only in the last year analyzed. In 2011, the percentage of women was 93.3%; in 2012 was 93.7%; in 2013 was 92.6%; in 2014 was 93.7%; in 2015 was 93.3% and in 2016 was 77.9%.

The profile of the occupational therapists according to their gender shows an already known aspect that is the feminization of the category, given the political, historical, and social context of its emergence (GOZZI; OGATA; CARRETA, 2016). This characteristic seems to be similar when workers are analyzed and in whom the social assistance policy focuses a good part of their actions (CISNE, 2007). Since the First Damism, social service has been a privileged space for women to act, together with a gendered ideal of their ability to attenuate and manage expressions of the social issue with solidarity and kindness and also the idea of the lack of technical knowledge, but with personal attributes for the women, creating a clear feminization of the categories that work in social service (CISNE, 2007; FRITZEN, 2015). Also, the axis of socio-familial matrix and the main income transfer programs seem to impute to the women-mothers-housewives-wife the responsibility for cohesion, coexistence and family protection, as well as their financial management, reinforcing the paradigm and historical accountability of social reproduction (CISNE, 2007; FRITZEN, 2015), suggesting that social service a a policy made by women and for women.

For example, the *Bolsa Família* Program (PBF) reinforces the centrality of women in the Income Transfer Programs, determining the hierarchy and compliance with the established conditionalities. Thus, the Program emphasizes the promotion of family autonomy through women's hierarchy, contributing to the exercise of their citizenship and emancipation. However, the possibility of inclusion through the acquisition of minimum resources for family survival is not a sufficient indicator to relate autonomy and citizenship to these beneficiary women. Also, the hierarchy of the Program increases women's responsibility towards their families, particularly related to the conditions for obtaining the resource (CARLOTO; MARIANO, 2010).

In this gender perspective in the Income Transfer Program, Nascimento (2016, p. 396) stated that

the demands asked to the women in the Program reinforce "crystallized roles, imputed to a supposed feminine essence", and the recognition of women under the logic of motherhood is often full of individual responsibility and moral reference. Carloto and Mariano (2010, p. 3) stated that social law, within the scope of social protection, conceives women's citizenship ambiguously through

mixtures between public and private, between right and favor, right and obligation and women's attachment to motherhood defines the contours of this fragile and sexual citizenship.

### 3.3 Occupational therapists at SUAS according to their education level

In the educational level of occupational therapists working at SUAS, the most frequent postgraduate education is the specialization and then the master's degree.

The proportion of postgraduate occupational therapists working at SUAS (specialization, master's and/or doctorate) over the years was approximately 18% in 2011, 16% in 2012, 10% in 2013, 18.5% in 2014, 17.6% in 2015 and 18.6% in 2016.

Thus, in general, most occupational therapists have only graduated education (81.1% in 2016), and the postgraduate studies (*lato* and, especially, *stricto sensu*) seemed to be still little accessed by these professionals.

Araujo, Oliveira and Patrício (2011) pointed the graduated studied to work in the social area as one of the challenges to be overcome by occupational therapists, given the still inconsistent contact with this field during professional training in different graduation courses in the country.

In general, the studies of occupational social therapy in public universities in the country is quite diverse; however, the social area "[...] is very minority in curricula, and in most of them, it is not specifically addressed [...]" (PAN, 2014, p. 184).

### 3.4 Occupational Therapists at SUAS by employment type

According to data obtained from the SUAS Census, there are 11 different types of employment classifications for occupational therapists working in social service: commissioned, public servant (CLT), company, cooperative or service provider, statutory civil servant, temporary civil servant, outsourced, volunteer, general services, private-sector

contractor, other non-permanent and unconnected employment type.

These classifications were not uniform over the years and in the different social service units, and in some periods and certain units, some categories are presented or not in the Census data, not allowing the reliability in the homogeneity of this information.

Thus, the available information showed that in 2011, the occupational therapist's most frequent type of employment was temporary civil servants (64; 36%), followed by statutory civil servants (50; 28%) and other non-permanent types (16; 9%).

In 2012, the most prominent employment type was a public employee governed by CLT (Consolidation of Labor Laws) (156; 37.7%), temporary civil servant (80; 18.3%), and statutory civil servant (79; 19%). In 2013, the public servant was the most prevalent type (110; 32.3%), but compared to the previous year, there was a decrease in this category and the increase in non-permanent types (82; 24.1%). In 2014, the number of non-permanent employments (to 42; 9.8%) and the most frequent were public servant (125; 29.4%), statutory civil servant (88; 20.7%) and temporary civil server (59; 13.8%). In 2015, the private sector celetist category was the most prevalent employment type (664; 49.5%), and with a smaller number of professionals there were public servants (150; 11.3%), and statutory civil servants (144; 10.7%). In 2016, the private sector celetist employment remained more frequent (606; 45.8%), and then, the higher number of professionals were statutory civil servants (163; 12.3%) and public servants (152; 11, 5%) (Table 6).

The units later inserted in the SUAS Census data (initially the *Unidades de Acolhimento* and later *Centros Dia* and *Centros de Convivência*) caused an important difference in the most frequent employment types between occupational therapists working at SUAS.

Thus, the data show that there are differences in the most prevalent types of employment between the social service units. In 2015 and 2016, the most frequent employment types in CRAS, CREAS, and *Centros Pop* were statutory civil servants, while in the *Unidades de Acolhimento* were public servants (CLT), and in the *Centros Dia* and *Centros de Convivência* were the private sector celetist.

In summary, statutory civil servants(public) are highlighted in CRAS, CREAS and *Centros Pop* according to NOB-RH-SUAS, in which the public area is a privileged form of career access in the reference teams, ensuring the continuity, quality of social care services and the performance of rights (BRASIL, 2011c). On the other hand, the increase in temporary or private-sector employments is highlighted, especially between 2015 and 2016, when the *Unidades de Acolhimento*, *Centros Dia*, and *Centros de Convivência* were included in the Census. According to Pereira, Tassigny and Bizarria (2017), although SUAS is a partnership between public and private non-profit institutions, it is necessary to criticize the fact that this partnership does not always guarantee the rights to the population, as well as decent working conditions for the worker, especially as it favors outsourcing as a form of hiring. Faced with the many normative/legal instruments

**Table 6.** Occupational therapists at SUAS by employment type (2011-2016).

Employment Type/Year	2011	2012	2013	2014	2015	2016
<b>Comissioned</b>	8(4.5%)	12(2.9%)	13(3.8%)	19(4.5%)	22(1.6%)	21(1.6%)
<b>Public servant (CLT)</b>	15 (8.4%)	156(37.7%)	110 (32.3%)	125 (29.4%)	150 (11.3%)	152 (11.5%)
<b>Company/Cooperative/Service provider</b>	9(5%)	4(1%)	32(9.4%)	59(13.8%)	59(4.4%)	51(3.8%)
<b>Other non-permanent employment type</b>	16(9%)	52(12.6%)	82(24.1%)	42(9.8%)	119(8.9%)	123(9.3%)
<b>Without employment</b>	1(0.6)	3(0.7%)	4(1.2%)	7(1.6%)	6(0.4%)	6(0.5%)
<b>Statutory civil servant</b>	50(28%)	79(19%)	71(20.9%)	88(20.7%)	144 (10.7%)	163 (12.3%)
<b>Temporary civil servant</b>	64(36%)	80(19.3%)	13(3.8%)	59(13.8%)	85(6.3%)	95(7.2%)
<b>Outsourced</b>	15 (8.4%)	16(3.9%)	13(3.8%)	21(4.9%)	78(5.8%)	78(5.9%)
<b>Volunteer</b>	0(0.0%)	9(2.2%)	2(0.6%)	6(1.4%)	14(1%)	28(2.1%)
<b>General services</b>	0(0.0%)	3(0.7%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)
<b>Private Sector Celetist</b>	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	664 (49.5%)	606 (45.8%)
<b>TOTAL</b>	178(100%)	414(100%)	340(100%)	426(100%)	1,341(100%)	1,323(100%)

Source: SUAS Census (BRASIL, 2016b). Organized by the authors.

that define the management of work in social service, outsourcing contracts are a contradiction. A symbol of precarious work, outsourcing would also represent the intensification of improvised and insufficient structures, facilitating job turnover, overexploitation and compromising the quality of services,

[...] as it puts the rights mediated by two distinct institutions into an idiosyncratic mix between the public and the private, and may misread it as a space of law. Thus, there is a paradox in politics: the attempt to guarantee rights to patients, mediated by precarious workers (PEREIRA; TASSIGNY; BIZARRIA, 2017, p. 171).

As the other policies of the Social Security, social service has also been undergoing recent changes in the world of work and state management reforms in the context of neoliberal advancement, which directly affects the bonds and working conditions, generally precarious, as well as they may compromise the continuity of care (PAZ, 2015).

Finally, despite eight years after the publication of Resolution 17/2011 and as pointed out by Borba et al. (2017), in the political model of the minimum state experienced in recent years, what is not "strictly necessary" is excluded, and professions that do not make up the so-called minimum teams remain on the fringes of politics, remaining in negotiations and constant struggles for recognition and space. In this sense, the authors emphasized the urgent need to expand the supply of subsidies for professionals already working at SUAS and to instrumentalize those who will be part of the teams of this system, as well as to analyze the experiences that are already taking place in this context and that can demonstrate the power of this action, from the perspective of guaranteeing and expanding the rights

of the population assisted, and the permanence and conquest of spaces for the profession.

### 3.5 Occupational Therapists at SUAS by function

Regarding the function performed by the professionals, the SUAS Census considered the following categories in the period 2011-2016: administrative support, coordinator/director, caregiver, social educator, technical staff, general services, others, and interns. In all these analyzed years, the professionals with training of occupational therapists mainly occupied the technical teams of the analyzed equipment/services, as can be seen in the Table 7.

In this sense, the expectation that professionals are occupying spaces within SUAS technical teams is confirmed, showing the composition in the multi-professional work that presupposes the system. However, other employment types such as caregiver, general services, and administrative support also appear as possibilities for occupational therapist insertion - positions that do not correspond to the higher education level of the professional, since fall into mid-level training.

Professionals who fit these functions possibly joined the institution through selection processes that may not have required professional training to work and do not develop actions as an occupational therapist in the units. Therefore, it is important to question the insertions beyond the technical team and management, although small quantitatively, represent forms of precarious insertion of the professional in the system.

We highlight one of the professional insertions present in the data found about the position of the

**Table 7.** Occupational therapists at SUAS by Function performed (2011-2016).

Function performed	2011	2012	2013	2014	2015	2016
<b>Administrative support</b>	2(1.1%)	6(1.4%)	3(0.9%)	6(1.4%)	11(0.8%)	17(1.3%)
<b>Coordinator/Director</b>	13(7.3%)	31(7.5%)	19(5.6%)	26(6.1%)	49(3.7%)	61(4.6%)
<b>Caregiver</b>	0(0.0%)	4(1%)	2(0.6%)	5(1.2%)	17(1.3%)	16(1.2%)
<b>Social Educator</b>	14(7.9%)	16(3.9%)	25(7.3%)	24(5.6%)	73(5.4%)	93(7.0%)
<b>Technical team</b>	136(76.4%)	320(77.3%)	280(82.3%)	320(75.1%)	1058(78.9%)	992(75.0%)
<b>General Services</b>	1(0.6%)	7(1.7%)	3(0.9%)	2(0.5%)	8(0.6%)	3(0.2%)
<b>Others</b>	10(5.6%)	30(7.2%)	8(2.4%)	43(10.1%)	125(9.3%)	141(10.7%)
<b>Interns</b>	2(1.1%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)
<b>TOTAL</b>	178(100%)	414(100%)	340(100%)	426(100%)	1,341(100%)	1,323(100%)

Source: SUAS Census (BRASIL, 2016b). Organized by the authors.

social educator, mid-level technician, which has been one of the possibilities of professional insertion in SUAS. According to CNAS Resolution 15 of 2014, the social caregiver and the educator / social advisor are among these mid-level professionals with distinct functions specified in the mentioned document (BRASIL, 2014).

### 3.6 Occupational therapists at SUAS according to weekly working hours

Working hours, categorized in hours worked per week, considered the following categories: working hours less than 20h/week, 20h/week, 30h/week, 40h/week, greater than 40 hours/week, and intermediate (category measured only in 2012).

Between 2011 and 2014, the number of occupational therapists who worked 30 hours per week was higher compared to other days (39.9%, 31.2%, 34.7%, and 31.7%, respectively). However, in 2015 and 2016, there was a predominance of occupational therapists working less than 20 hours per week (30% and 23.1%, respectively) and 20 hours per week (30.9% and 28.8%, respectively). In 2015, there was an increase in the number of professionals who worked more than 40 hours per week, reaching 23.9%.

According to Law 8.856 of March 1994, the occupational therapists work a maximum of 30 hours per week (BRASIL, 1994). However, the hours presented here must also be associated with the type of function performed by professionals in the different units. The employment types presented above show that, although professionals have the training of occupational therapists, they are inserted in different activities in the units, possibly from selective processes or competitions aimed at professionals with varied education.

## 4 Final Considerations

In summary, the data showed an increase in occupational therapists working in social service, identifying some predominant characteristics of professionals over the period considered. The southeast region, for example, maintained the largest number of professionals working in social service, the most frequent working hours (2016) were 30 hours per week, most professionals are female, with graduated education, and with the higher-level technical staff of the services. Regarding the employment types, the professionals presented variations according to the units in which they are inserted. Thus, this study characterized the general panorama about the inclusion of professionals in social service,

contributing to the category in identifying aspects that can be highlighted and others that still need to be strengthened, such as employment and more uniform insertion in different units.

Given these data presented, it becomes unquestionable the expansion of new occupational therapist professional spaces from 2011, with the formalized/legitimized entry in SUAS teams. Also, with the progressive increase of the category insertion in the different types of equipment that materialize the social service, the reiteration of the technical-professional capacity in these spaces is imperative.

Despite this, the units most recently created by social service policy via SUAS, such as CRAS, CREAS and *Centro Pop* are essential equipment for the performance of social service rights and social protection within SUAS and for the new direction of politics in the country, as equipment that has less occupational therapist in the composition of their teams. Thus, the challenge is to reflect and propose strategies to be launched to broaden the insertion of the category in these "new" contexts, beyond those that occupational therapists have historically occupied.

On the other hand, although there is a growing effort to update the theoretical and methodological references of occupational therapy in social service, through the publication of works, new and constant movements and production of materials that help professionals occupying the social assistance spaces are still needed to strengthen its performance. It is also considered that training to work at SUAS in undergraduate occupational therapy courses does not yet seem to be a reality in most universities. However, the need for social service by professionals trained for interventions that are detached from the health field is highlighted, which is also a task for undergraduate and postgraduate courses in occupational therapy.

Finally, the question of whether the theoretical-practical basis for acting in the field of social service could influence the actions and permanence of professionals in this area arises: Is qualified and organized vocational training one of the ways or strategies for strengthening this insertion?

Drawing inferences and reflections on the field of social service practices and considering the movements, such as those performed by occupational therapists to ensure professional insertion in CNAS Resolution 17, we highlight how powerful the systematic organization of resistance and struggle

can be for the category to secure professional spaces. The hypothesis about the relevance of the organization and union of professionals with interest in the area is raised as one of the ways or strategies to strengthen this insertion.

Finally, in this field of activity, the social service policy is in the implementation phase, and this way already experiences obstacles and setbacks. The occupational therapist in social service is faced with this dual task of contributing to the implementation, construction, and strengthening of the system and simultaneously of its professional category within it. Some barriers are easily identified when it is found that SUAS encompasses quite distinct and heterogeneous units with too complex demands for follow-up.

Therefore, it is relevant to consider that this debate goes through the continuous implementation and improvement of public social policies, reaffirming the citizen logic and reviewing those that are not in line with the area, pointing out the technical contribution of the occupational therapist in this process.

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## Author's Contributions

This text reflects on the doctoral thesis of the first author, under the supervision of the last author. Marina Leandrini de Oliveira contributed to the collection, organization, data analysis, and writing of the text. Roberta Justel do Pinho contributed to the discussion of the data. Ana Paula Serrata Malfitano was responsible for the orientation of the research and contributed to the writing of the text. All authors approved the final version of the text.

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## Notes

- <sup>1</sup> Higher level professional categories that may preferentially meet the specifics of social care services: Anthropologist, Home Economist, Pedagogue, Sociologist, Occupational Therapist and Music Therapist. Higher level professional categories that may preferably comprise SUAS management: Social Worker, Psychologist, Lawyer, Administrator, Anthropologist, Accountant, Economist, Home Economist, Pedagogue, Sociologist, Occupational Therapist.