

**Professional performance of Social Work in health to enforce rights\*****Atuação profissional do Serviço Social na saúde para efetivação de direitos****Desempeño profesional del Trabajo Social en la salud para el cumplimiento de los derechos****Received: 25/05/2020****Approved: 05/10/2020****Published: 05/11/2020****Gabriela Cristina Braga Bisco<sup>1</sup>  
Fernanda de Oliveira Sarreta<sup>2</sup>**

This is a documentary research, carried out in 2017, at Santa Casa de Franca, in the state of São Paulo, Brazil, aiming to analyze the work of social workers for the realization of the right to health. From the analysis of the work plan in the care provided, it was found that the work is well structured in this socio-occupational space, guided by principles of the Code of Ethics of the Profession and the Unified Health System (Sistema Único de Saúde - SUS), committed to expanding access to actions and health services. It is considered that there were setbacks in the scenario of rights and the work space itself, so that social workerS at the institution presented have a significant role and have been facing challenges and limits imposed, as well as building professional responses to the situation. effecting the right to health.

**Descriptors:** Health policy; Social work; Right to health.

Esta é uma pesquisa documental, realizada em 2017, na Santa Casa de Franca, São Paulo, com o objetivo de analisar o trabalho da/o assistente social para a efetivação do direito à saúde. A partir da análise do plano de trabalho nos atendimentos realizados, verificou-se que o trabalho se encontra bem estruturado neste espaço sócio ocupacional, direcionado pelos princípios do Código de Ética da Profissão e do Sistema Único de Saúde, comprometido em ampliar o acesso às ações e serviços de saúde. Considera-se que houve retrocessos no cenário de direitos e do próprio espaço de trabalho, de modo que a (o) assistente social na instituição apresentada tem uma atuação significativa e vem enfrentando os desafios e limites impostos, bem como, construindo respostas profissionais para a efetivação do direito à saúde.

**Descritores:** Política de saúde; Serviço social; Direito à saúde.

Esta es una investigación documental, realizada en 2017, en la Santa Casa de Franca, São Paulo, Brasil, con el objetivo de analizar la función del trabajador social para el cumplimiento del derecho a la salud. A partir del análisis del plan de trabajo en los servicios prestados, se comprobó que el trabajo está bien estructurado en este espacio socio ocupacional, guiado por los principios del Código de Ética de la Profesión y del Sistema Único de Salud, comprometido con la ampliación del acceso a las acciones y servicios de salud. Se considera que ha habido retrocesos en el escenario de los derechos y en el propio espacio de trabajo, por lo que el (la) trabajador(a) social en la institución presentada tiene un desempeño significativo y ha venido enfrentando los desafíos y límites impuestos, así como, construyendo respuestas profesionales para el cumplimiento del derecho a la salud.

**Descriptores:** Política de salud; Servicio social; Derecho a la salud.

\* Study financed by Coordination for the Improvement of the Personnel with Higher Education (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES*).

1. Social Worker. Master in Social Work. PhD student in Social Work at Universidade Estadual Paulista (UNESP), Franca, SP, Brazil. ORCID: 0000-0003-2820-7735 E-mail: gabrielacristina.bragabisco@gmail.com

2. Social Worker. Specialist in Community Liberation Psychology. Master and PhD in Social Work. Professor of the Graduate Program in Social Work at UNESP, Franca, SP, Brazil. ORCID: 0000-0001-8001-3060 E-mail: fersarreta2009@yahoo.com.br

## INTRODUCTION

**B**razilian Social Work is a profession built on the social and technical division of labor, contradictions between capital and labor, which, within the scope of social policies, assume the role of mediator between the antagonistic interests of the bourgeoisie and the working class. The professional category is focused on defending social justice, guaranteeing rights, contributing to the construction and reconstruction of social relations in health.

The professional commitment of the social worker is guided by the quality of the services offered, in the critical theoretical-scientific production, seeking qualified strategies to provide answers in the scope of public and health policies. The professional project of the category has freedom as its central value, and reflects the commitment to autonomy and the search for the emancipation of the subjects.

Nowadays, with the deepening of social inequalities and their expressions in health, Social Work has an effective contribution to the process of democratizing health services, strengthening the Unified Health System (*Sistema Único de Saúde - SUS*), socializing information and educational work, among other actions. It is in this contradictory and regressive scenario that the profession seeks alternatives and answers to the limits and challenges for the realization of the right to public health.

It is in the face of this contradictory and complex reality, but still full of possibilities, that Social Work builds professional possibilities and responses to legitimize the social right to health. In this sense, they create strategies in their daily lives to overcome the contradiction between what is provided for in the legislation and the difficulties of access to health services.

Notwithstanding, the struggles for the realization of the constitutional right to health - public, universal, integral and duly financed - professional practice places the demand for immediate responses imposed on daily life, compromising the effectiveness of the professional project based on freedom, in the uncompromising defense of rights access to socially produced goods and services, among other principles.

In health, the profession is committed to the health reform project, the defense of universality and the effectiveness of SUS. And it contributes significantly to access to the right to health, especially in the municipalities where health actions and services are carried out. The analysis of this reality shows that, currently, the vast majority of municipalities in the country count on the presence of the professional in their city halls, developing activities in health.

Based on the critical social theory, the analysis of this reality shows that, historically, the structure of health policy in Brazil has been influenced by international organizations, serving the interests of capital and the market. However, the Social Service has a professional project that subsidizes and directs professional practice in this contradictory reality, contributing to the effective access to this right.

The study<sup>1</sup> started from the assumption that, in the health area, the Social Service has an important role and develops actions that expand the population's access to the rights ensured in SUS and to basic resources for health treatment. And aimed to analyze the work of the social worker for the realization of the right to health.

## METHOD

The option for documentary research was intended to give visibility to the Social Service of Santa Casa de Franca, in the state of São Paulo/SP, since this work has been a reference in serving the local population and its region, comprising 22 (twenty-two) municipalities. Still, the motivations of the study consider that in this socio-occupational space the category has been able to expand the hiring of professionals in recent years, which demonstrates the capacity of internal organization to meet the demands.

Likewise, it is an open space for the development of undergraduate and postgraduate research in Social Work, especially professional training through Supervised Internship, having been recognized for several years for the critical capacity of training students, aligned with the Ethical Project -Professional Politician and the Social Worker's Code of Ethics<sup>2</sup>.

The study covered the months from January to August of 2017, according to a decision taken with the social worker responsible for the Social Service Sector of the institution. After authorization by the Research Ethics Committee of the Faculty of Human and Social Sciences and by the Santa Casa Ethics Committee, even if it does not involve human beings.

Santa Casa de Franca/SP is responsible for and is organized by the Central Unit, General Hospital, Heart Hospital, Cancer Hospital and Specialties Medical Clinic (*Ambulatório Médico de Especialidades - AME*). The Social Service is present in all these sectors, however, the choice of the sample was the Social Service of Santa Casa - Central Unit, not considering the other units, since it receives the largest flow of users and allows a broader analysis on the theme.

The documentary analysis of the data obtained involved the documentation of the Social Service Sector, that is, the Reports of Assistance carried out, the 2017 Work Plan<sup>3</sup> and the 2016 Strategic Plan<sup>4</sup>. To support this analysis, fundamental categories were adopted to reflect the work professional, that is: health work, the demands presented and the challenges of the category in this socio-occupational space.

## RESULTS

The data collected showed the organization and the importance of the work of the social worker in health for the realization of rights. The study is presented in three thematic areas: *Social Work at Santa Casa de Franca/SP*; *Health demands and professional challenges*; and *Health assignments and category responses*.

## DISCUSSION

### ***Social work at Santa Casa de Franca/SP***

Social Work is a profession that has historically been present in health work and has specific guidelines and duties for this area, which demonstrates the importance of deepening this reflection. The centrality of the work category and its relations in today's capitalist society, contributes to understanding the formation of this model of society, based on the work category.

In health, the understanding of the work category is important for workers to reflect critically on their work and their direction with the working class, where ethical and political positioning is fundamental.

Regarding professional work at Santa Casa de Franca/SP, the category seeks theoretical deepening about the knowledge of the work itself. When analyzing the Strategic Planning, it is possible to apprehend the greatest strengths and weaknesses of the work, seeking continuous improvement for better professional performance, with the main proposal to intervene in the manifestations of the social issue identified in hospital and outpatient care, according to the principles of the Ethical-Political Project Professional. With a view to recovery and health promotion, seeking to improve relations within the institution and, also, with other sectors to guarantee access of the user population to the rights and strengthening of SUS, with a commitment to the dignity of human life.

The work of the Social Service follows the principles that guide SUS to guarantee universal, comprehensive and equitable access, with a view to ensuring the prevention of injuries, health recovery and quality and humanized treatment.

The values defended in the institution are in line with the principles of the Social Worker Code of Ethics in maintaining a responsible, committed, disciplined and collaborative attitude; practice humanization of care and relations with equity; act ethically, honestly and within the

principles of legality; cultivate transparency and respect in relations with society; offering an environment that inspires dignity and trust of its employees; continuously invest in technology and training of its workers and optimize resource management in building sustainability.

The category in the institution seeks to strengthen the network, articulating with the councils of municipal rights, social movements, health professionals and other areas that share the same principles and values of the profession, in addition to articulation with public bodies that are committed defending the rights of the population.

Networking is extremely important to meet the complex demands of the profession, since health is not only related to diseases and biological factors; and it allows the population to reach various institutional facilities that contribute to access to rights such as: medicines, hospital resources for health recovery and social protection policies.

The perspective of intersectoriality must also be part of the category's work, as working with other sectors that work in the defense and promotion of the population's rights is fundamental for access to social rights. In addition, in view of the fact that health is not determined solely by the absence of disease, networking with social assistance and other spaces to strengthen public rights and policies is essential to ensure the integral health of the population.

The institution's Social Service professionals consider internal and external mediation/articulation as strengths of the work; criticality in the relationship, decentralization of professional practice, respect for the user, openness for discussion between teams and professional commitment. These points reflect the importance of the critical and reflective work of social workers who build mediations based on a given reality to serve users with commitment. In addition, the discussion of cases in a team reflects the importance of multiprofessional work, since it facilitates team communication, enables the discussion of cases together with all areas and, consequently, this interferes in the care provided by users of health services.

The activities carried out by the Social Service at Santa Casa are expressive and reflect the professional responsibility with the users, according to the Work Plan<sup>3</sup> of the category, among activities are the social service in which social assessment is carried out: social investigation, guidance and referral necessary resources; administrative activities: team and interdisciplinary meetings, training, data tabulation, complexity indicators and record of meetings and participation in commissions: in the Intra-Hospital Transplant Commission with socio-educational activities, research, tabulation and analysis of indicators.

In turn, the commitment to internship supervision brings: the opportunity of the professional to act with the intern in various manifestations of the social issue, enabling the construction and/or socialization of knowledge and reflections on the development of professional competence; to the trainee, the development of their ability to investigate, critically apprehend, establish propositions and intervene in social reality; possibilities for critical reflection on the practice in an effort to go beyond instrumental logic of professional action, with the proposal to build new interventional possibilities.

### ***Health demands and professional challenges***

The Social Service's actions at Santa Casa reinforce the category's commitment to the working class in the defense of social rights and health resources, with a focus on a fair and egalitarian society. However, this performance is permeated by limits and challenges of the social protection policies themselves as well as the field of work.

The service provided to the population in health services has been marked by great impasses, from the effectiveness of the right to access the service, to the integrality of care. Consequently, this situation is present in the daily routine of the social worker, where health users seek alternatives to make the right to health services effective. Facing a myriad of demands is the challenge posed to the professional.

The political and economic context that is present in the country may justify consequences for the implementation of social policies, but also for the population that uses health services. In a context of precarious working conditions, the working class experiences the refractions of capital in capitalist sociability every day, which are manifested in the most diverse forms, whether in the objective conditions and organization of work, in the expropriation of the human work force, in the same intensity, the increase of this population in public health services.

In this direction, users of health services seek to enforce this right, but are faced with the dismantling, disarticulation of this policy and its workers. This is the picture of the structural crisis that is revealed in the reality of these subjects, especially in health.

To elucidate the duties of the social worker in health work, the main professional demands and the category's responses to these demands, represent the care provided by the Social Service during 8 (eight) months, from January to August of 2017. According to with the quantitative data obtained on the Social Service of Santa Casa de Franca/SP, briefly:

1. External Users sector with 625 calls, with an average of 104 calls per month;
2. The 2<sup>nd</sup> floor sector has an average of 532 calls, or 88 per month;
3. The Maternity Ward has an average of 498 visits in the analyzed period, that is, 83 per month.

However, by including all sectors in this analysis, the Social Service carried out a total of 4,209 visits in 8 months, with an average of 526 calls per month, and 23 calls per day, for a team of 5 social workers at Santa Casa of Franca.

As discussed, the demands of each sector that arrive at Social Work are complex and, in some cases, have similarities, which will be presented and detailed.

Thus, unveiling the demands of the Social Service of Santa Casa de Franca/SP:

1. Maternity demands: irregular prenatal care; lack of family support; psychiatric disorders; early motherhood; poverty and socioeconomic vulnerability; use of alcohol, smoking and drugs; resistance to treatment; newborn withdrawal for adoption; tubal ligation; homeless woman; violence; preparation for hospital discharge; guidance on access to health resources (medication, diet, devices and transportation);
2. Demands of the Internal Neonatal Unit: removal of newborns for adoption; psychiatric disorders; irregular prenatal care; lack of family support; guidance on access to health resources (medication, diet, devices and transportation); early motherhood; homeless woman; difficulty in accessing medication and public resources; violence; preparation for hospital discharge;
3. Pediatric demands: violence; lack of family support; difficulty in accessing medication and public resources; poverty and socioeconomic vulnerability; preparation for hospital discharge; guidance on access to health resources;
4. Demands from other sectors: disability; psychiatric disorders; use of alcohol, smoking and drugs; family abandonment; death; lack of family support; violence; suicide; poverty and socioeconomic vulnerability; difficulty in accessing medication and public resources; preparation for hospital discharge; homeless person; resistance to hospital discharge; resistance to treatment; guidance on access to health resources (medication, documentation, diet, appliances, public prosecutor's office, municipal services, transportation, among others).

Therefore, the demands are complex and express the objective conditions of users attended, being identified that the greatest demands are related to the lack of family support, preparation for hospital discharge, guidance on access to health resources and difficulty in accessing medication. Despite being demands of different natures, they are expressive and similar in several sectors, which demonstrates that manifestations of the social issue are present in the daily lives of the population served.

According to the data obtained, the demands at the Maternity Ward and the Internal Neonatal Unit are the most complex and distinct. This means that the services provided by this sector require greater professional intervention, in addition to representing the most varied

expressions of the social issue, that is, lack of prenatal or irregular prenatal care and lack of family support. It is noted that prenatal care is a guaranteed right for all pregnant women, and must provide physical and emotional well-being throughout pregnancy, childbirth and postpartum. Working with pregnant women is a public health priority, and should guarantee a healthier pregnancy.

The care of pregnant women must be part of an organized health care network, which allows from the reception to the resources and guidelines necessary for the moment of delivery. At SUS, prenatal care is provided at the Basic Health Units (BHU), which are organized in a decentralized manner in city districts to facilitate access for all women. Thus, the women's health care network must offer all the necessary structure for care, in addition to having a location that facilitates access for pregnant women.

This point represents one of the difficulties of many women in carrying out prenatal care, as the municipalities often do not have the adequate and necessary infrastructure, making it difficult for pregnant women to access and move to the health units. In addition, the very lack of professionals in the public health network in the municipalities impairs care, due to the delay in making an appointment, routine examination, return and others. Therefore, it is necessary to know the reality of these women, the social context and the reality experienced so that the right to health during pregnancy is effectively guaranteed.

One of the striking challenges in healthcare spaces is the difficulty of working as a team, as healthcare work requires professionals committed to the defense of users. In the institution there are attitudes of demands in relation to the services provided, and the Social Service is called to face alone and solve complex demands in a very short time. Corporate transformations are responsible for a new standard of work and directly affect all professions, with characteristics of merchandise the work is organized in giving specific responses. The concern is centered on the immediacy of situations, often without taking into account the determinants of their particularities and singularities.

The confrontations in health work are expressive and associated with the deficient health policy in Brazil, which interferes in the concrete conditions of health work. According to the Santa Casa de Franca Social Service Strategic Planning, the main challenges within the institution are: the omission of public power with fragmented and insufficient public policies; the insufficient number of social workers to meet the demands; institutional boundary with a diversity of compromising behaviors, diverging from the Institution's objective; the divergence of opinions among health professionals; the working conditions and overload of the team; the absence of public policy for appeal after hospital discharge and the increase in cases of high complexity.

In addition, professionals present aspects that need to be improved: immediacy in daily practice; the lack of preventive work and guidance; group work and collective work; bureaucracy/administrative; safety at work and emotional and physical integrity of the worker; the physical space and confidentiality and the service to the external user. These challenges to be faced reflect the importance of teamwork in health.

The social worker in professional practice glimpses the concrete reality that works, identifying particularities of the environment that surrounds their daily life, as well as the determinants in health and how they are present in professional practice. Qualification and permanent professional training are inherent to the quality of services provided to the user population, enabling the dichotomy between theory and practice, professional practice and the materialization of the professional project to be overcome, aiming to respond ethically and competently to the demands placed on health and to break with the routine and bureaucratic practice typical of health institutions.

### ***Health assignments and category responses***

The duties of the social worker in health offer professionals subsidies for professional performance and qualify this performance in different spaces. These attributions are guided by

the Profession Code of Ethics and the Profession Regulation Law<sup>5</sup>, which ensure the rights and duties of social workers.

In relation to professional rights, it is worth mentioning: the guarantee and defense of their attributions and prerogatives, freedom to exercise their profession, participation and elaboration of social policies, the inviolability of the workspace, files and documentation, professional improvement and the autonomy of the exercise of the profession with freedom to carry out studies and research. In addition, the social worker has exclusive attributions to the professional category, as established by the Federal Council for Social Work (*Conselho Federal de Serviço Social - CFESS*).

In relation to health work, the social worker acts in direct service to users, individual or group, together with the multidisciplinary team. The category operates in strategic areas in health, according to the Parameters for the Performance of Social Workers in Health Policy<sup>5</sup>. They are direct service to users: actions of mobilization, participation and social control, above all, research, planning and management, and permanent qualification.

With the aggravation of counter-reforms in health and the retrocession in the fundamental principles of SUS, the demands that are increasingly complex and reflect this precariousness of health services. Among the main demands are the delay in attendance, the lack of material resources for the recovery of health, the bureaucratization of services and the curative practice in health spaces.

The issue of socioeconomic difficulty and social vulnerability are striking in the demands of these sectors in Santa Casa de Franca/SP, which makes it difficult for users to access health services, in addition to the difficulties in acquiring resources necessary for health recovery, such as medicines and food. This situation reinforces, once again, that health is determined by multiple conditions, material, social, economic, political of the subjects.

The guidance and information work is part of the duties of the social worker in health and allows users to recognize their rights and in this way the professional contributes to the access and transformation of each user's reality. One of the main difficulties found in this work is that of qualified discharge, that is, the moment when the user and the family should receive the necessary guidance in relation to care that must be taken after hospital discharge, in relation to the use of medicines and resources. necessary for health recovery.

The qualified discharge is determined by the institution's Resolution on February 13, 2014<sup>3</sup> which guides this procedure to the areas of medical clinic, with an emphasis on hypertension and diabetes, and maternal-child, with an emphasis on pregnant women and newborns at risk. However, this is not a specific Social Service assignment, and should be performed by the entire multidisciplinary team at the institution.

In addition, it seeks to offer articulated work at the time of hospital discharge to verify whether a particular user has family support to assist in the care for health recovery. Thus, if this support is weakened, it is important to articulate with the social assistance network of the municipality so that the needs of this user are met. However, due to the high number of demands for assistance in all sectors of the hospital and the low number of professionals to carry out this work, there is a difficulty in working on these issues as a team and with all users due to their complexity.

Another striking demand in the sectors is the issue of difficult access to medicines and material resources for health recovery. Access to medicines through the public health network is made through RENAME - National List of Essential Medicines<sup>6</sup>, created by the Ministry of Health in 2010, which has a list of medicines considered essential according to the epidemiological profile of Brazil, and which must meet all the population according to their needs.

However, for the population to have access to these drugs, a specific and adequate medical prescription is necessary, with a clear description of the need for treatment with a specific drug. This is a difficulty found in the institution and certainly in the others, because often the

prescriptions are not filled in properly, and the process for acquiring these drugs is complex and bureaucratic, which leads many people to give up treatment, because the request for medication is not answered immediately, which affects users' health and quality of life.

Although the right to medication and resources for health promotion and recovery are legally guaranteed, many users face difficulties to enforce this right and end up appealing to the courts to have access. The lack of resources for treatment after hospital discharge and the difficulty in accessing these resources, be it a vacuum cleaner, supplementation for food, medicines, diapers, hospital equipment such as a stretcher, wheelchair and walkers, appear in all sectors of the institution and represent a difficulty for the population to access these resources.

Still, the question of the lack of public transport for patients, is a reality that is not restricted to the service of Santa Casa de Franca/SP, which is a reference for 22 (twenty-two) municipalities in the region, and should be a problem faced in other municipalities in the state and country. The lack of essential conditions for continuing treatment harms the health of these subjects, who face real limits and challenges in health. It is reaffirmed that these are demands that represent the importance of the work of social workers in health, with users and family members and companions, aiming at strengthening social rights and access to health care, promotion and recovery.

In health, the expressions of inequalities and injustices directly interfere in the health-disease process, given the worsening of poverty and unworthy living conditions<sup>7</sup>. Through scientific research it is possible to quantify and know the reality of this work as an alternative to propose new paths for professional intervention.

The social worker, therefore, must assume an investigative posture within the work space, strengthening the professional activity determined and influenced by reality. By giving an investigative stance at work, the social worker strengthens their work, which is determined and influenced by concrete reality. Through scientific research and professional activity, it is possible to generate data related to the population's living conditions, the reproduction of social relations and the implementation of social policies<sup>8</sup>.

## CONCLUSION

Social Work faces complex demands that demand a close look at reality, in addition to a critical analysis to face these problems. There is a need for professional action that recognizes the reality experienced, so that it can contribute to projects and actions to guarantee your health, your protection if necessary, building an articulation with the network of protection for women in the municipality.

The apprehension of the work of social workers in health in the presented institution provided reflections for the deepening in the reality of the users served and also of the professional work, its challenges and possibilities. In health, it is necessary to give visibility and demonstrate the importance of this work for institutions and public authorities, as a way of valuing the profession and strengthening the rights of users. In addition, it is important to problematize these demands with the users themselves in relation to the right to health, seeking to strengthen this popular participation in decisions about the health of the municipality through the Municipal Councils, for example.

The Social Service at Santa Casa de Franca/SP is aligned with the category's Ethical-Political Project and with the principles of SUS and Health Reform, in addition to a continuous search for scientific knowledge in order to strengthen the practice according to the profile of the institution's social workers.

The challenges of professional work are expressive and reflect the expressions of the social issue in the daily lives of users and the repercussions of the deconstruction of social rights historically guaranteed. The research results show the large number of demands met by Social Work and which represent the expressions of the social issue in the subjects' lives. In the



professional routine, the challenges also reflect the precarious conditions of the Social Work work itself, with a high number of consultations that involve various procedures and the number of users attended to a minimum number of professionals.

The social worker is doubly challenged for being a salaried professional, who depends on the objective conditions of the institution that works for the development of their work; and the subjects of their work are the public policies themselves that ensure rights for the population and this performance also depends on the development and effectiveness of these policies.

In health, it is clear that the challenges are part of the professional routine, in which it became evident that the organization of the category and its strengthening in the institution is a possibility to face the daily limits. This strengthening is reflected in professional work, allowing the users themselves to start to strengthen themselves and claim their rights.

It is increasingly necessary to strengthen actions in health spaces together with users, social movements, health workers and other professions that share the same principles and values, with a view to joining forces to rescue a SUS that is universal and of quality for the entire population.

It is necessary to take into account that the documentary research may present some limitations in the sense of showing only what has been registered in some way. However, it is expected that the results obtained in the research will contribute to the role of social workers in health, emphasizing the importance of the profession for strengthening the social right to health of the Brazilian population.

## REFERENCES

1. Bisco GCB. Serviço social na saúde: limites e desafios para efetivação de direitos dos usuários na Santa Casa de Franca/SP. monografia. Franca, SP: Universidade Estadual Paulista; 2015. 73f.
2. Conselho Federal de Serviço Social (Brasil). Código de ética profissional dos assistentes sociais. Resolução CFESS nº 273, de 13 de março de 1993, com as alterações introduzidas pelas Resoluções CFESS nº 290/1994 e n. 293/1994. Brasília, DF: CFESS; [1994].
3. Santa Casa de Franca. Plano de trabalho do serviço social. Franca, SP: Santa Casa; 2017.
4. Santa Casa de Franca. Planejamento estratégico do serviço social. Franca, SP: Santa Casa; 2016.
5. Conselho Federal de Serviço Social (Brasil). Parâmetros para atuação de assistentes sociais na política de saúde [Internet]. Brasília, DF: CFESS; 2010. 39p. (Trabalho e projeto profissional nas políticas sociais; 2). Available from: [http://cfess.org.br/arquivos/Parametros\\_para\\_a\\_Atuacao\\_de\\_Assistentes\\_Sociais\\_na\\_Saude.pdf](http://cfess.org.br/arquivos/Parametros_para_a_Atuacao_de_Assistentes_Sociais_na_Saude.pdf)
6. Ministério da Saúde (Br), Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Assistência Farmacêutica e Insumos Estratégicos. RENAME Relação Nacional de Medicamentos Essenciais [Internet]. 7ed. Brasília, DF: Ministério da Saúde; 2010 [cited in 03 Nov 2015]. Available from: [http://bvsms.saude.gov.br/bvs/publicacoes/renome\\_2010.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/renome_2010.pdf)
7. Secretaria de Saúde de São Paulo. Resolução SS nº 13, de 05-02-2014. Determina critérios para acompanhamento e manutenção dos repasses financeiros referentes ao Auxílio Financeiro às Instituições Filantrópicas - Santas Casas SUSTentáveis e dá outras providências. D.O. São Paulo, Executivo [Internet]. 05 fev 2014 [cited in 03 Nov 2015]; 124(25):43. Available from: [http://www.saude.sp.gov.br/resources/humanizacao/homepage/2014/santas-casas-sustentaveis/resolucao\\_ss\\_n.13\\_1.pdf](http://www.saude.sp.gov.br/resources/humanizacao/homepage/2014/santas-casas-sustentaveis/resolucao_ss_n.13_1.pdf)
8. Guerra Y. A dimensão investigativa no exercício profissional. Brasília, DF: CFESS, ABEPSS; 2009 [cited in 01 Nov 2017]. (Serviço Social: direitos sociais e competências profissionais). Available from: <http://www.unirio.br/cchs/ess/Members/fabiana.schmidt/instrumentos-e-tecnicas-de-intervencao/a-dimensao-investigativa-no-exercicio-profissional-guerra-yolanda/view>

**CONTRIBUTIONS**

**Gabriela Cristina Braga Bisco** contributed to the design, collection and analysis of data and writing. **Fernanda de Oliveira Sarreta** participated in data analysis, writing and review.

**How to cite this article (Vancouver)**

Bisco GCB, Sarreta FO. Professional performance of Social Work in health to enforce rights. REFACS [Internet]. 2020 [cited in *insert day, month and year of access*]; 8(Suppl. 3):1009-1018. Available from: *insert access link*. DOI: *insert DOI link*.

**How to cite this article (ABNT)**

BISCO, G. C. B.; SARRETA, F. O. Professional performance of Social Work in health to enforce rights. REFACS, Uberaba, MG, v. 8, p. 1009-1018, 2020. Suppl. 3. Available from: *insert access link*. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

**How to cite this article (APA)**

Bisco, G.C.B. & Sarreta, F.O. (2020). Professional performance of Social Work in health to enforce rights. REFACS, 8(Suppl. 3), 1009-1018. Retrieved in *insert day, month and year of access* from *insert access link*. DOI: *insert DOI link*.