
ABEPSS (BRAZILIAN ASSOCIATION OF EDUCATION AND RESEARCH IN SOCIAL WORK) AND FNEPAS (NATIONAL FORUM ON EDUCATION OF OCCUPATIONS IN HEALTH): BUILDING INTERFACES IN QUALITY TRAINING IN HEALTH

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ABSTRACT

This article aims to present a brief history of ABEPSS (Brazilian Association of Education and Research in Social Work) and its role in training the Brazilian Social Service and its coordination with the FNEPAS (National Forum on Education of Health Professions) to strengthen the quality of health training according to the principles of the SUS (Unified Health System). Currently, the counter-reforms promoted by neoliberal governments represent a direct threat to public health policy. More recently, the Brazilian Social Service has been called upon, in the areas of training and professional work, to help defend the permanent guarantee of this public right for Brazilian society. In this regard, its articulation with the FNEPAS has expressed a theoretical-political movement in the defense of quality training in the SUS that must be shared among professionals who work in and help build Brazilian health policy.

INTRODUCTION

This article aims to outline the historical context of the Brazilian Association of Education and Research in Social Work (ABEPSS) and its linkage with the National Forum on Education of Health Professions (FNEPAS). It is noteworthy that 2011 marked the 65th anniversary of the ABEPSS, given that it was founded in 1946, whereas the FNEPAS dates back to 2004. These entities, therefore, emerged in quite distinct economic and socio-political realities in Brazil, ensuring different specific aspects. However, our intention in retrieving the history of the ABEPSS will be to identify its interfaces with FNEPAS in an important contemporary discussion regarding the training of health professionals in line with the principles of the Unified Health System (SUS), as is guaranteed in the 1988 Brazilian Constitution, as a strategy of the Brazilian public health move-

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ment. Thus, our presentation will have three parts: The historical trajectory of ABEPSS and professional training of Social Workers; the strategic coordination between ABEPSS and FNEPAS aimed at quality health training, and a critical review of this articulation and its prospects for improvement.

BRIEF HISTORY OF ABEPSS AND ITS IMPORTANCE TO THE PROFESSIONAL TRAINING OF SOCIAL WORKERS

The entity is characterized by a long historical background, featuring some restructuring, up to the current ABEPSS and the defense of a specific vocational training project. It was founded as ABESS, Brazilian Association of Social Work Schools, in 1946, a decade after the creation of the first Social Work School in São Paulo. At the time, the number of Social Work schools was negligible compared to today. The first schools were restricted primarily to the states of São Paulo and Rio de Janeiro and throughout the 1940s extended to the capitals of other states.

“The existence of Social Work graduates will be limited for a long time almost only to Rio de Janeiro and São Paulo, and even then their number is quite insignificant. Until 1947, the Catholic schools of Social Work of Rio de Janeiro (male and female) had 40 qualified social workers. The two São Paulo schools, 196, and the Social Work course of the Anna Nery Nursing School, 9, by 1949, without an exact number of graduates from the Technical School of Social Work, possibly very low.

By the end of the decade, the number of qualified social workers will be just over 300, concentrated in São Paulo and the Federal District, with an overwhelming majority of women”¹

The Brazilian Social Service has its roots in the stage of monopoly capitalism. At that historic moment, the populist Vargas government, more precisely as from the birth of the New State, focuses on national industrialization to attain economic development and to such end introduces a set of labor and social policies, which

together with private initiatives, and care institutions, create a series of services that form the job market for social workers and generating demand for vocational training.

Between the mid-‘30s and ‘40s, the philosophical perspective that guides the training of social workers is influenced by European social teaching of the church. Post-World War II this theoretical influence carries over to American sociology, and the Brazilian Association of Social Work Schools fosters the dissemination of curriculum changes for schools in Brazil, setting up the foundations for the psychologizing of social phenomena, and diminishing the material basis of social relations.

With respect to professional performance in health, the labor market expanded following a change in the concept of health, which came to be considered a result of biopsychosocial aspects by the World Health Organization in 1948, emphasizing thereafter multidisciplinary teamwork. In this context, public policy was accessed through employment, safeguarding for the social worker, not only a normative approach, focusing on the “cliente” lifestyle, but also a role in user access to social services and benefits.

Despite a gradual growth of health centers, the major job market for social workers in health care in the 1940s was still the hospitals and clinics, characterizing the so-called Medical Social Services from the Case Social Work approach². Research conducted by Iamamoto¹, based on collected data relative to the year 1946, into reports of the São Paulo Social Work Schools and Rio de Janeiro Social Institute illustrates the above statement. Public institutions accounted for 30% of the positions held by social workers qualified by those schools. Of the 34 social workers working in public institutions, 24 were in hospitals: Hospital das Clínicas of the São Paulo University Medical School, Tuberculosis Service of São Paulo, Botafogo Polyclinic (RJ) and the Social Service of the Artur Bernardes Hospital (RJ).

From the 1960s onwards, the conservative bases in the profession began to erode, against a backdrop which favored questioning, bearing in mind the renewed ideas in social sciences and humanities. However, the military coup of 1964 interrupted this revision of the Social Services, opening the way for its “renewal”, in line with the requirements of “conservative modernization” which required new strategies to control and repress the work-

ing class through a bureaucratic rationale². During this period, in order to maintain social legitimacy, the military governments combined a lack of political rights and deep-rooted authoritarianism with advances in the field of social rights, thus unifying the sistema previdenciário (social security and pension system).

Therefore, throughout the 1960s and 70s, the social service debate was rendered hegemonic by the “modernizing perspective” that, under the influence of American structural functionalism, expressed an intention to integrate the development underway, reducing the profession to a technical arsenal for practical intervention.

“Social work in health will be subject to influences by the modernization that took place in the social policy sphere, grounding its action in the curative practice, especially in social security medical care – the largest employer of professionals. Emphasis was placed on intervention techniques, the bureaucratization of activities, the psychologization of social relations and the granting of benefits. A more sophisticated terminology was used, which was also more consistent with the political-economic model deployed in the country”²

In 1979 the Brazilian Association of Social Work Schools is restructured and renamed the Brazilian Association of Social Work Education. This change in the entity reflects a broader process of political, academic and scientific changes in social work training, combined with the reigniting of social struggles amidst economic and political crisis that take hold in the 1980s. In 1987, organic investment in research, knowledge production and publication in the area is encouraged by the ABESS support arm through the creation of the Center for Documentation and Research in Social Policy and Social Work (CEDEPSS). In 1998 ABESS suffers another restructuring incorporating the dimension of research, becoming the Brazilian Association of Education and Research in Social Work (ABEPSS)³.

This context of political unrest in the 1980s favors the renewal process of the Brazilian Social Service, which feeds off the movement for reconceptualization of Social Services in Latin America to advance the reorientation of the profession, deepening the critical angle of an “intent to break” with professional conservatism, inspired by Marxist social theory with concern for the

needs and demands of the working class. This perspective matures in the 1980s and 90s, featuring important work by organizations of the profession such as ABESS (now ABEPSS), the CFESS/CRESS (Federal and Regional Social Work Councils) and ENESSO (National Executive Board of Social Work Students).

In the sphere of professional training, graduate courses in Social Work begin in the 1970s, favoring genuinely Brazilian knowledge production, breaking the cycle of European, and especially, American imports, and forming a concentration of reflections on the Brazilian reality, drawing on critical understanding of social issues and the relationship between State and Civil Society.

While the Brazilian Social Service was internally revised, the public health movement progressed in the construction of a project to strengthen the public sector as opposed to the privileged private sector that achieves significant victories in the 1988 Federal Constitution. Analyzing this mismatch between the Social Service and public health movement, Bravo and Matos² say:

“If the Social Services grew in the search for theoretical foundation and consolidation, few changes are apparent in the intervention. Undoubtedly, to advance the profession today it is necessary to close the gaps of the 1980s. And intervention is a priority because few changes have brought any intent to break the everyday routine of the services. This fact is belied by the role of the Social Service in Health – the largest field of work”².

A more organic approach between training and professional practice is a challenge for all areas of knowledge. It is noteworthy that the Brazilian Social Service had the merit of facing their political, ethical and theoretical-methodological dilemmas, redirecting the profession to respond to the challenges of a time marked by changes in the labor world and in social reproduction, defending human emancipation and working-class politics. However, in the opposite direction to this professional project, contemporary transformations mark a set of responses from capitalism to its own crisis in times of financial globalization, expressed by changes in the workplace, through production restructuring and political changes based on the neoliberal orientation of states that confront a series of social and human rights attained in the past.

In this context, the work of the social worker, a professional under the socio-technical division of the work, suffers repercussions of these new historical determinations that reconfigure social issues and the ways they are addressed by the State and Civil Society, requiring a constant refreshing of professional training so as to reaffirm the professional ethical-political project in light of the survival of capitalism, which reveals its most barbaric phase. This phase is characterized by structural unemployment, the privatization of public affairs for the curtailment of public resources for social policies at the expense of payment of foreign and domestic debt, that is, on one side we have the maintenance of social inequality and poverty, and on the other, as a public response, we have a set of counter-reforms that cause the regression of social and human rights.

The first curriculum changes that take into account the social function of the profession as a result of a time historically determined by the contradiction between capital and labor, occur in 1982. However, upon the renovation of vocational training in light of the new challenges posed by the context of financial globalization in the early 1990s, an extensive and more mature curricular revision process is resumed based on the actual constitution of the professional ethical-political project, as expressed in the Occupation Regulation Act (Law 8.662 of 1993), in the Code of Professional Ethics of 1993 and in the set of knowledge production of the Brazilian Social Service.

A joint effort between the years 1993 and 1996 then saw the ABESS lead this revision through regional and national workshops involving its affiliated units (67 at the time). This process results in the definition of the Curriculum Guidelines for professional training which establish in theoretical-methodological, ethical-political and technical-operative learning for:

1. Critical understanding of the historical process as a whole;
2. Investigation into socio-historical training and contemporary social processes that shape Brazilian society, in order to grasp the peculiarities of the formation and development of capitalism and Social Services in Brazil;
3. Comprehension of the social significance of the profession, unveiling potential actions in the current scenario;

4. Seizure of consolidated and emerging demands on the Social Service from the labor market, aiming to formulate professional responses that may enhance addressing of the social question, considering the new relationships between the public and private sectors;
5. Professional practice performing the roles and responsibilities set forth in the legislation in force⁴.

Driven by the curriculum guidelines, the training of social workers is grounded in three core elements that constitute an inseparable whole: the core theoretical and methodological foundations of social life; the core foundations of the socio-historical formation of Brazilian society, and the core foundations of professional work. Drawing on that professional education project, the debate on health policy appears more directly in disciplines that analyze social policy, whether in relation to social security or specifically health care, and in supervised internships, expressing a synthesis of the core foundations of the training.

In the 1990s both the professional ethical-political project and the health reform project find an increasingly less fertile setting in the struggle for societal democratization, in view of the counter-reforms operated by Brazilian governments, essentially beginning with the Fernando Henrique Cardoso administrations. Analyzing health policy from the second half of the 1990s onward, Bravo and Matos² assert that the privatist project was founded on an adjustment policy characterized by cost containment, rationalized supply, political and administrative decentralization and without the required financial contributions for implementation of the SUS. In this counter-reform, the State's action is limited to those who cannot afford health services in the market and other segments of the public are left as consumers of private services.

The aforementioned authors report that the professional demands involve a dispute between health projects, strained by the privatist and public health perspectives:

"The privatist project has placed demands on the social worker which include: socioeconomic selection of users, psychosocial work through counseling, enforcement actions for users of private health plans, care through the ideology of doing favors and the predominance of individual practices.

However, the health reform project has also demanded that the social worker work on the following matters: the attempt to ensure democratic access to health services and facilities, humanized care, strategies for interaction of the health institution with the actual situation, interdisciplinary work, focus on group approaches, democratic access to information and encouraging citizen participation”².

Amid this political dispute, social workers, coordinated by the joint forces of the CFESS and CRESS, proceed to develop a proposal that establishes parameters for professional practice in health, combining the principles of the professional ethical-political project with those of the public health reform. The 82-page document entitled “Parameters for the role of social workers in health policy,”⁵ indicates as parameters: professional insertion in direct user care (both through social worker actions and through liaison with the health team and socio-educational activities); in activities for mobilization, participation and social control; in research, planning and management; and in advice, qualification and professional training.

STRATEGIC COORDINATION BETWEEN THE ABEPSS AND FNEPAS FOR QUALITY HEALTH TRAINING

Health care is historically a central issue for social work and, according to available data, represents the largest field of social work. In the SUS social workers are the third or fourth largest professional category⁶ which is considered a health profession by National Health Council. Its recognition as a health profession reflects the result of a struggle led by CFESS-CRESS with significant participation of the social workers working in the area. In view of its inclusion in health there is a demand for political and academic representation of Social Work entities in policy-building and worker organization forums.

For ABEPSS, the demand for its participation in settings for the construction and debate of health policy is recent. One milestone was the creation of the National Forum on Education of Health Professions (FNEPAS) in July 2004, with ABEPSS one of its founding members.

According to the FNEPAS website, the forum emerged as “a platform for cross-functional networking and partnerships aimed at strengthening the process of change in the training of health professions, revolving around comprehensive training and health care”⁷. Meanwhile, upon its foundation the ABEPSS announced:

“The participation of the ABEPSS in the forum is essential for enabling input and contribution to and critical intervention in the debate resulting from the very principles espoused by the profession and which are largely aligned to those proposed by the SUS and have been gradually fading due, in large part, to the deterioration of professional staff committed to the health system”⁸.

For the reorientation in the training of health professionals, one of the strategies advocated by FNEPAS was the mandatory teaching of health policy (from the perspective of the public health reform movement) in undergraduate courses.

On the FNEPAS platform, ABEPSS formulated the project: “Professional training of Social Work and its interface with health”. This project was developed through the establishment of a steering committee made up of six Social Work professors* with experience in research in the area of health of each ABEPSS region. There were six regional seminars and one national seminar held in 2006. The funds from this project helped finance research into the implementation of the curriculum guidelines, which also investigated health education in Social Work courses. The results of the research enabled ABEPSS to get in touch with the reality of health education in undergraduate Social Work courses.

Regarding health education in social work courses, the 2006 research found that 35% of health facilities did not offer any subject on health, and those that did, very few included texts written by social workers in the reference literature. This could mean that the few learning facilities that did offer a subject on health, kept the syllabus tightly to health policy with little or no critical analysis of the professional practice of social workers in health⁹.

* The member professors of this committee were: Roberta Uchoa, Maria Inês Bravo, Vera Nogueira, Regina Marsiglia, Marlene Teixeira e Luciano Gomes.

While there not all units had disciplines in health, this area was the largest field for internships (27%) of social work students, with 63% of this field in public health services, 24% in not-for-profit private services and 13% in the private sector. Regarding the level of care, most of internships were in the tertiary sector, accounting for 33% of the total⁹.

In relation to research and extension groups at education facilities, the research identified 77 research groups or centers, of which 10 focused on health. Of the 70 extension study groups or centers, 5 were about health⁹.

The ABEPSS research identified that health is the largest internship field, following a trend in the labor market itself, but that this incidence is not reflected in the offer of the specific academic discipline. However, it is possible that the specifics of health are being addressed within the scope of the supervised internship programs. Regarding investment by education centers in research and extension studies in health, the number seems small, yet it is important to remember that health is an extended concept and can also be addressed from an inter-sectorial perspective of public policies.

After this research, the subsequent ABEPSS administrations continued to endeavor to enhance thought on the interface of professional training in social work and health, promoting this discussion usually at events organized by the ABEPSS. To illustrate this we can note that the National Meeting of Researchers in Social Work (ENPESS), held in 2006 in Recife, played host to discussion tables addressing “Ministry of Health work management policy and education in health” and “Social Service interfaces with health” and at ENPESS 2010, in Rio de Janeiro, the roundtable on “Multiprofessional residency in Social Work and Health”, with the support of FNEPAS. Not to mention that besides ENPESS, the ABEPSS promotes the National Undergraduate Workshops and Graduate Seminars, where in the 2009 edition featured a discussion on “health education in the curriculum guidelines: achievements and outlook” and on the “insertion of Social Work in health residency programs”, respectively, also supported by FNEPAS, in addition to various regional events where the issue of health has also been addressed.

Since 2009 the ABEPSS has expanded its participation in health forums, entering the National Forum of

Organizations of Health Workers (FENTAS) and occupying a deputy member seat on the National Health Council. These activities are the result of a collective action by various professionals involved in the organization and coordination with the Federal Council of Social Service (CFESS).

In 2010, the ABEPSS - with the support of FNEPAS - held at UFRJ* on October 23, and at UERJ on November 22 and 23, two meetings with representatives of their regional chapters and guest researchers. After a fruitful discussion on the Social Service in Health and critical analysis of the ABEPSS participation in health discussion platforms, this collective pointed out to the ABEPSS a set of strategies, which include:

- Continued participation of the ABEPSS in FNEPAS, seeking the following strategies: strengthening ties between the professional categories that form FNEPAS; discussing continuous training and internship with the other categories that comprise the Forum; suggesting student representation in FNEPAS;
- Continued participation of the ABEPSS in FENTAS;
- Talk about the PAP - Professional Improvement Program;
- Defense of multi-professional residency in health, ensuring social direction under the Ethical-Political Project of Social Work;
- Continued liaison with the CFESS-CRESS (Federal and Regional Social Service Councils);
- Deepened discussion on the process of education in health (residency programs, PET-Saúde, recognition and evaluation);
- Establishment of residency programs as a strategy for in-service training and combatting the prospects that make them an alternative for entering the labor market (first job);
- Mapping of (multi- and single profession) residencies which involve Social Work, identifying the course

* The meetings were attended by: Cleusa Santos, Maurílio Matos, Marlene Teixeira, Rodriane Oliveira, Ana Paula Mauriel, Maria Inês Bravo, Valéria Correia, Edna Goulart, Maria Helena Elpidio, Alzira Lewgoy, Ana Vasconcelos, Fátima Masson, Cláudia Mônica Santos, Ruth Bittencourt and Heleni Ávila. We would like to extend our thanks to all participants for the wealth of contributions and commitment to the ABEPSS, especially to Cleusa Santos for her intense participation in FNEPAS in 2009-2010.

- contents, summaries, programs, and the inclusion of the Social Worker as coordinators, teachers, preceptors (who are involved); the social direction; content (general/specific), and total number of residents involved;
- Mapping the insertion of Social Work in the PET and PRO-Saúde programs, since the working hypothesis involves influencing the internal debate from a Public Health Reform perspective and the promotion of coordinated initiatives that include the participation of Social Work;
 - Incorporation of the discussion on health in the political agendas of undergraduate and graduate programs;
 - Liaisons with entities in the sphere of Latin America (SUS as a model);
 - Continued insertion of health discussions in ABEPSS events;
 - Applying for funds from governmental projects and funding agencies for continued political articulation and debate on training in health.

The proposals listed here show the challenge posed today to ABEPSS in the context of FNEPAS. They express a collective construction, committed to this association and the strengthening of education for health professionals committed to the principles of the Brazilian health reform project, which principles we deem fundamental to FNEPAS.

CONCLUSIONS

As discussed throughout the article, despite the historical inclusion of Social Work in the health services and its significant presence in the industry and the background of the profession's contribution to strengthening health as a public policy and right, the debate about professional training of social workers crossing over into health is relatively recent and has placed a demand on the ABEPSS to act on this policy and develop its ideas on education, research and work in the area. The first steps of the entity have been worthy of the intellectual maturity of the profession; without giving in to an uncritical demand or a return to a past

already overcome, which was marked by the division of the Social Service into areas of work, the ABEPSS' presence in health forums has served to consolidate the political-theoretical direction of the profession, assuming different expressions of the social question as the foundation of the profession.

For our organization, the defense of quality education, of the professional ethical-political project, and the health reform passes involves the uncompromising defense of public, free and secular education that meets real social needs. Thus, we stand contrary to the transformation of essential rights, such as education and health, into merchandise, as has been occurring through the counter-reforms of the most recent federal governments. We emphasize the importance of two strategies for the organization to reinforce the public nature of social policies: protecting the quality of education, keeping a watchful eye on the rampant process of the emergence of private institutions, especially in distance learning, that break from the mold of inter-related dimensions of teaching, research and knowledge production and threaten the consolidation of the curriculum guidelines of Social Work training (in this regard, the ABEPSS, the CFESS/CRESS and ENESSO in 2011 launched the campaign "Education is not fast-food" that was judicially blocked after a court injunction granted to the National Association of Distance Learning Tutors/ANATED, which does not eliminate the political discussion and critical stance of the Social Service entities); and movement, in conjunction with the National Front Against Privatization of Health, for extended debate on the implementation of the Brazilian Hospital Services Company (Law 12550/2111), which initially affects the University Hospitals, to the detriment of university autonomy and the job stability of public service workers, jeopardizing the principles of education and public health in Brazil.

According to INEP data (2010), in 2008 distance learning courses increased by 30.4% while classroom courses increased by only 12.5%. Amid this growth, the Social Service ranked third in offering undergraduate courses of this type, revealing an uncontrolled process of expansion lacking any academic criteria tied to the Course Curriculum Guidelines or to indissociability

between teaching, research and extension studies¹⁰. In this sense, the Forum of Federal Councils in the Area of Health in its First Seminar on Distance Education in Health, held in March 2011, states that: "The area of health, due to its special features and degree of integration with the human being, is not identified with the mode of distance learning"¹¹. This forum is composed of fourteen councils in the area, namely those of: Biomedicine, Biology, Physical Education, Nursing, Pharmacy, Physiotherapy and Occupational Therapy, Speech Therapy, Medicine, Veterinary Medicine, Nutritionists, Psychology, Dentistry, Social Services and Radiology Technicians.

Thus, as well as the ABEPSS and FNEPAS having joined forces to strengthen training in health aligned to the principles of the SUS and public education, these elements are incorporated on the political agenda of this broadened forum that brings together the set of education associations in the field of health.

Our commitment is to maintain this strategic relationship between the entities, continuing the debate on the interprofessional education in health, making use of the nationwide development of the PET-Saúde, Pró-Saúde and multi-professional residency programs for their analysis in view of the privatization and strengthening of public policy.

Therefore, in addition to the relationship with FNEPAS, the ABEPSS will continue its cooperation with the National Forum of Organizations of Health Workers (FENTAS) and the National Front Against the Privatization of Health, deepening its discussions and political struggles in defense of public health policy. Moreover, to qualify the political-academic debate with other entities, the political orientation of the organization is to strengthen the production of knowledge in Social Work, in the dimensions of education, research and extension studies, in both undergraduate and graduate spheres, seeking the relationship between the professional project and the public health reform project, and identifying gaps to close in the light of Marxist-inspired critical social theory.

REFERENCES

1. Iamamoto M, Carvalho R. *Relações sociais e Serviço Social no Brasil: esboço de uma interpretação histórico-metodológica*. 9th ed. São Paulo: Cortez, 1993.
2. Bravo MIS, Matos MC. Projeto ético-político do Serviço Social e sua relação com a reforma sanitária: elementos para o debate. In: Mota AE, Bravo MI, Uchoa R, Nogueira V, Marsiglia R, Gomes L et al, orgs. *Serviço Social e Saúde: formação e trabalho profissional*. São Paulo: PAHO, WHO, MS, 2006. p.202, 204, 206.
3. Abreu MM. ABEPSS: a perspectiva da unidade da graduação, pós-graduação e a produção do conhecimento na formação profissional. *Revista Serviço Social e Sociedade* 2008; XXIX(95): 173-188.
4. Associação Brasileira de Escolas de Serviço Social/ Centro de Documentação e Pesquisa em Políticas Sociais e Serviço Social (ABESS/CEDEPSS). Diretrizes gerais para o curso de Serviço Social (com base no currículo mínimo aprovado em Assembleia geral extraordinária de 8 de novembro de 1996). In: ABESS/CEDEPSS. *Formação profissional: trajetórias e desafios*. São Paulo: Cortez; 1997. p.62. (Cadernos ABESS, n.7)
5. Conselho Federal de Serviço Social (CFESS). Parâmetros para a atuação de Assistentes Sociais na política de Saúde. (Série Trabalho e projeto profissional nas políticas sociais). 2010 [accessed on 3 July 2011]. Available at: http://www.cfess.org.br/arquivos/Parametros_para_a_Atualizacao_de_Assistentes_Sociais_na_Saude.pdf
6. Costa MDH. O trabalho nos serviços de saúde e a inserção dos (as) assistentes sociais. In: Mota AE, Bravo MI, Uchoa R, Nogueira V, Marsiglia R, Gomes L et al, orgs. *Serviço Social e Saúde: formação e trabalho profissional*. São Paulo: OPAS, OMS, MS; 2006.
7. Fórum Nacional de Educação das Profissões na Área de Saúde (FNEPAS). Sobre o Fnepas e objetivos. [website]. 2007 [accessed on 3 July 2011]. Available at: <http://www.fnepas.org.br>.
8. Mendes JMR. Balanço crítico da gestão da ABEPSS 2003-2004 – "Quem é de luta avança!" *Temporalis* 2005; (9):175.
9. Uchoa R. Resultados da pesquisa Serviço Social interfaces com a saúde: o ensino da política de saúde na formação profissional dos assistentes sociais no Brasil. *Temporalis* 2007; (13):185-200.
10. Santos C M, Ferreira DSMM. Educação superior e formação profissional do Assistente Social. Em *Travessia*. Informativo da Associação dos Professores de Ensino Superior de Juiz de Fora, 76, June, 2011.
11. Conselho Federal de Serviço Social (CFESS). News. [Website]. 2011 [accessed on 3 July 2011]. Available at: http://www.cfess.org.br/noticias_res.php?id=646.

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