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**INSTITUTIONAL
SUPPORT AND
CONTINUING
EDUCATION: FIVE
STRATEGIC FACTORS.
INSTITUTIONAL
SUPPORT AND
PERMANENT
EDUCATION: FIVE
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Abstract: The present study reflects on the Permanent Education (PE) device, built in the Health Companion Program for Persons with Disabilities (APD), established by the Municipal Health Department of São Paulo (SMS). It aims to present and substantiate five strategic factors, surveyed in the period from 2010 to 2014: Territory, Target Audience, Workers, Institution and Supporter, identified through research on the theoretical bases and history of the Group of Knowledge. This is a qualitative, exploratory, evaluative research, through a Case Study, which aimed to know and analyze the potential and limits of the Knowledge group device. It is concluded that there is a need for actions in Permanent Education as a form of management, based on the effectiveness of the actions developed in the Group of Knowledge, through the participation of Workers in the meetings, seeking to change the profile of the teams' daily practices.

Keywords: Permanent education, Health management, Person with disabilities, multidisciplinary team, humanization.

INTRODUCTION

According to the International Convention on the Rights of Persons with Disabilities, promulgated by the United Nations (ONU)¹ and ratified by Brazil², in 2008, as a constitutional amendment (Legislative Decree n° 186/2008 and 6959/2009), people with disabilities "have physical, intellectual or sensory impairments, which, in interaction with various barriers, can obstruct their full and effective participation in society with others". In Brazil³, according to the CENSO carried out by the Brazilian Institute of Geography and Statistics - IBGE in 2010, 23.9% of the population has some type of disability.

According to the International Association for the Scientific Studies of Intellectual

Disabilities⁴ (*American Association on Intellectual and Developmental Disabilities*, 2007) Intellectual Disability is understood to be the remarkable state of reduced intellectual functioning, significantly below average, associated with limitations of at least two aspects of adaptive functioning, namely: communication, self-care, practical life activities, social skills, use of resources communities, self-orientation, health and safety, academic skills, leisure and work.

Faced with situations of social vulnerability and lack of health policies aimed at this population, SMS idealizes the APD as a service to promote the autonomy of people with intellectual disabilities, through individualized monitoring, with weekly visits to these people's homes, aiming, identify and stimulate potentialities and articulate with the intersectoral network aiming at inclusion.⁵

Each team serves up to eighty users and their families. It has a Team Supervisor (Nurse), a Psychologist, an Occupational Therapist, an Administrative Assistant and six Health Companions for Persons with Disabilities, who have at least completed elementary school and, preferably, reside in the territory covered by the team.

The Program had, from 2012 to 2014, four Technical Supervisors who had the following attributions: monitoring the work developed by the teams; to provoke reflections related to work; develop skills among professionals; offer support, contribute technically with the teams in facing complex situations; develop permanent health education actions.⁵

Aiming at better performance of the Supporter function, we sought to appropriate the concepts of the PAIDEIA Support proposal of democratic management for the empowerment of collectives⁶ and, of Permanent Education, an educational action articulated from the problems faced by professionals in the daily work and their

learning needs⁷ thus developing the Group of Knowledge.

The concept of “Paidéia Support” of health management presented by Campos⁸ served as a strategic tool, inspiration and beacon in the exercise of the Supporter function in its different aspects, especially, in the construction of the Group of Knowledge. The Paidéia Support brings together a series of methodological resources, aimed at dealing with the relationships between subjects in another way, seeking to establish constructive relationships between the different social actors. Thus, evaluation and supervision must involve the evaluated themselves both in the construction of diagnoses and in the elaboration of new ways of acting, that is, democratic ways to coordinate and plan the work that take advantage of and consider the experience, the desire and the interest of subjects who do not want to perform typical management functions.⁸ p.86 Campos⁹ proposes to the collectives, to expand the ability to deal with knowledge, powers and affections, without a rigid script, but with crossing points that are covered, according to the situation in a cartography, referring to Guattari.

Guattari was the main protagonist of another reference of the Group of Knowledge. This device was so named for its components, inspired by the French experiences of clubs that were born from the psychiatric renewal movement, at the time of World War II, questioning stereotypes in the field of mental health, including the distinction between patients and health professionals., the cure, the disease and its relationship with the social environment and proposes a work aspect, which is concerned with less hierarchical relationships in health services.¹⁰

The Therapeutic Club, at Saint-Alban Hospital, and the Knowledge Club, at La Borde Clinic, provided the people served and

the workers with conditions that favored the establishment of healthier relationships with others and with themselves. As a result, it obtained the expansion, appropriation and knowledge of the work in the Institution in a permanent reinvention.¹¹

GOAL

The present study aims to present and justify five strategic factors, raised in the period from 2010 to 2014: Territory, Target Audience, Workers, Institution and Supporter, identified through research on the theoretical bases and history of the Group of Knowledge and, thus, to favor other processes of Continuing Education and support.

METHODOLOGY

This is a qualitative, exploratory, evaluative research research, through a Case Study, which intended to know and analyze the potential and limits of the Knowledge group device, by understanding as Minayo says.¹², that this type of study allows us to verify a universe of values, beliefs and meanings.

A survey of documentation, records, attendance list, field diary was carried out, which proved to be relevant throughout the collection, thus elaborating the construction of an analytical descriptive chronicle of the constitution of the Knowledge group device.

The profile of the participants, the aspects of group work, the ways of functioning, the different moments and the main actions of the device allowed the identification of four moments of Permanent Education Group of Knowledge, namely: 1st moment: team supervisors (nurses); 2nd moment: technical workers (psychologist, occupational therapist); 3rd moment: technicians and companions and; 4th moment: all workers who participated in the creation of the Work Group (WG (WORK GROUP)).

This research was approved fulfilling all the ethical criteria of the research, and in accordance with Resolution 196/96, through CAAE, number: 48504315.2.0000.0065.

RESULTS AND DISCUSSION

Throughout this process, during the years 2010 to 2014, Knowledge group promoted 31 meetings and had 543 participations.

At least one of the five strategic factors was addressed in each of the 31 meetings of the Group of Knowledge, basing its relevance: Target Audience: 19 (60%), Territory: 16 (52%), Institution: 12 (39%), Worker : 8 (26%) and Supporter: 6 (29%).

In order to assist in the substantiation of these arrangements, data were sought from the institutional body of the Program, so that they could serve as indicators in the evaluation of the success of the device in question. It must be noted that these data are possibly related to a series of issues, establishing probable relationships between strategic factors and facilitating provisions.

TARGET AUDIENCE

Discussions related to people with disabilities, the characteristics of their care and possible care models were addressed in 62% of the meetings of the Knowledge group.

Thus, this factor was strategic, contributing with the largest number of participants. The Target Audience theme proved to be the most thought-provoking and distressing to the worker. In May 2012, there were 26 participants, in a period where the average was 16 per meeting, with a significant increase of 61% of participants.

The complex cases and difficult to handle, appeared bringing anguish and frustrations, but also allowing space for reception without censorship, processing in the collective, where everyone made their resources available. Similarly, Moura¹⁰ states that the elaboration

of anxieties that emerge from workers reveals their best possibilities of caring for them.

Continuing health education, incorporated into daily care, allows for critical thinking and processing of new forms of intervention. In this dynamic, the group emerges, the notion of collegiate management, as in the groups of children's games, placing everyone as "participants in a joint operation, enjoying the protagonism and collective production".⁷ Therefore, in the collective process, aesthetically represented by the group, success and failure are shared, and the good idea of one of the participants is increased with the collaboration of the others, automatically becoming everyone's, an action that asks for generosity and favors the spirit of group.

As a possible result of these arrangements, there was a greater effectiveness of the teams that frequently participated in the Rodas de Saberes, indicating a response to the objective of the Paideia methodology, proposed by Campos⁸, to strengthen the capacity for analysis and intervention of the participants of the collective.

According to data from the Program, the total number of users disconnected from the 20 teams until December 2014 totaled 2,257. Of these, 1,233 (54.6%) were discharged, that is, they reached the objectives proposed by the Singular Therapeutic Project (PTS), with improvement in autonomy, family and social support established.⁵

Regarding the eight teams that intensively attended the Knowledge group, users disconnected, with 64.74% due to discharge, that is, they achieved the proposed objectives with improvement in autonomy, family and social support established⁵, 32% more compared to teams that did not participate in the device or had less participation, which obtained 48.5% of highs.

TERRITORY

The Territorialization process is related to the technical-scientific dimension of the diagnosis and treatment of health work.¹³

Discussions related to the Territory theme were based on 52% of the discussions in the Knowledge group.

The peculiarities, entrails, cultures and vicissitudes of the Territory, always unique, range from urbanization to traffic rules; from the loose dogs to the snakes that appeared in the units; from dirt roads to narrow alleys; from shacks to sites. The Territory prints its signature on the body of the Workers. With these living marks, inhabiting, whether as a dwelling or a place of work, results from an embodiment of the knowledge of occupying and transiting, which when exchanged can be expanded and potentiated.¹³

According to data from the Program, 6,018 inclusions of users were carried out by the APD, between 2011 and 2013, through the Territory's services and resources.

As a result, the agency in the Knowledge group, the meetings of the GT (WORK GROUP), (and the process of exchanging Workers between the teams, showed that it is possible to create opportunities for meetings in new places, to know regions, to occupy spaces, to expand horizons The relationship with other services, often challenging, appeared recurrently in the discussions of the Group of Knowledge, in which the Territory was guided, opening fields for discussion and understanding of the roles, perspectives and possibilities of each service in the exploration of new forms of articulation.

The Territory, as a strategic factor for the Group of Knowledge, boosted the work of Workers, mainly with the Target Audience, by favoring the appropriation of the network and of more transversalized knowledge.

INSTITUTION

According to the PNH, changes in the care model will not occur without changes in the management model.¹⁴

With this conviction, Knowledge group sought to disseminate the management model, especially in the teams under the responsibility of the Supporter, but also, at the institutional level, by promoting the discussion on democratic and participatory management concepts, with other Supporters and coordination.

The Group of Knowledge aimed at increasing the degree of autonomy of health workers, the practice of shared management and the interaction of team members in the construction of the action project. But Campos and Guerrero¹⁶, point out that, for this, it is necessary to pay attention to the identity (or not) of purposes with the managers, at the risk of bringing conflicting relationships to the interior of the services. Likewise, in this experience, it was important to analyze and compose, with the moment and institutional characteristics.

Thus, with regard to political issues, guidelines and management objectives, gaps and arguments must be found to explore favorable aspects of the device.

The relational aspects between the different instances of power, the OS (Social Organization), considering its institutional mission, SMS (Municipal Health Department), STS (Technical Health Supervision), CRS (Regional Health Coordination), management councils and others Territory partners, must be provoked, in the sense of establishing cooperative bonds, demonstrating the effectiveness and importance of the devices to be implemented, through verifiable data, in order to open new fields of action.

Questions regarding program goals and objectives must be respected and taken advantage of in this process.

None of these aspects prevent the realization of questions or disputes, but it is necessary to know how to evaluate the conditions and, mainly, how to do them, being essential to make clear constructive purposes, to improve the service and attention to the population.

Seeking to create a space for Institutional analysis, according to Campos⁸, the device directly discussed this issue in 12 (39%) of the 31 meetings.

A possible indicator of the effectiveness of this process consists of data from Institutional Human Resources, from 2014, which showed that of the 34 layoffs that took place this year, only 8 (24%) were related to the eight teams with the highest participation in the Rodas de Saberes. It was also found that during the four years (2010-2014), there were four labor lawsuits in the Program, but none by professionals who worked in the teams with greater participation in the device.

WORKER

The great motivation of permanent education is the Worker, his work and his contribution to the population's health care.⁷

Discussions directly related to the Worker represented 26% of the total, but, on the other hand, it is understood that the worker focus directly or indirectly permeated the entire action, and that their working conditions will influence the possibilities of intervention.⁸

Changes in care and management models, considering their inseparability, do not happen without valuing Workers and social relations at work.

According to PNEPS⁷, the Group of Knowledge sought educational processes that took place from the problematization of the work process, in an ascending way, that is, from the demands raised by the Workers, which related to the health needs of the people served, seeking to integrate professional practices, for them to take place in a more

collaborative and transversal way.

According to Freire¹⁵, the strategies adopted must serve to develop critical and dialogic thinking, in which dialogue is an indispensable resource for the education process, so that everyone must have the right to speak, in a relationship of mutual respect, in order to provide a space for collective participation and understanding the reality of work, as well as promoting the production of new knowledge.

In this sense, the creation of the WG (WORKING GROUP) was a especially facilitative. The formation of a WG (WORKING GROUP) on a voluntary basis, provides the approach and involvement of the most willing people, enhancing the device.

This potentiation of the device can be seen by the 45% increase in the number of participants -- an average of 13 to 29 per meeting -- after the start of the WG (WORKING GROUP). As a result of the different experiments with the device, the participants supported each other, welcomed and cared for each other, which gave the Knowledge group an especially intense aspect of care for the caregiver.⁷

According to data from the institution, this process of mutual care possibly reflected 56% fewer absences from work, due to illness.

SUPPORT

The other strategic factors and their facilitating arrangements are related to each other, certainly in the same way as the Supporter. The subject was addressed directly in 16% of the meetings. According to Fields⁸, the Supporter must question himself in the Group of Knowledge.

In the experience of Knowledge group, it was identified that the Supporter cannot be one more element of the Institutional body of the organization or, blindly follow its guidelines and uncritically buy its policies,

but rather mediate the relationships with the professionals at the end, highlighting each perspective of the different actors involved, seeking to maintain criticism and ideal references, as well as pragmatism, transforming innocuous resistance into the possibility of change.

Permanent Education in Health is a fundamental strategy for the transformation of work, so that it becomes a place of critical, reflective, purposeful, committed and technically competent action¹³ p.976.

In this respect, the Group of Knowledge was an extension and enhancement of the Supporter's role, also serving as a learning space. Continuing Education presents itself as the Supporter's main tool, in the sense of promoting innovations in the management of the SUS, changes in practices in institutional management and in health care, expansion of the capacity for reflection and analysis of the collectives, but also for make possible their own training in the daily work process.¹⁶

According to Falleiro¹⁶ Institutional Support arrangements are developed in a very unique way in each organization, but there are basic qualities: It must be an articulator and, when producing connections, add collaborations to them. It must be an educator, taking the world of work as a raw material for learning in a purposeful and generous way, thus avoiding reproducing oppressive relationships. He must listen and observe the daily life, the movements of the teams and their contexts, always open to listening. Facilitate processes in which people are able to exercise their full power and give evidence of this. And articulate interests for the formation of commons.

In addition, this case study indicates that the Supporter had the tranquility and confidence to deconstruct the hierarchical role, stripping himself of the place of power, without being subjugated, but using it in an

emblematic way to favor the transformation of the way of working. and hierarchical culture, in its field of influence.

Therefore, there is an appropriation of this power, which will be diluted in the group and, at times, rotate through the collective, especially in the WG (WORK GROUP). It is important that this process is carried out, moving from Supporter to Facilitator until the moment it is no longer necessary, that is, when the group sustains itself in an approximate way of self-management. It is important to point out that this process takes place in collective devices that are tools for the Supporter, empowering him, without losing the focus of daily attributions.

Health work has a specificity that is close to handicrafts. This characteristic was defined a long time ago, since Aristotle, called praxis, requires, in addition to a technical domain, availability to understand the user's subjective universe and any attempt to automate this work goes against its own nature.⁸

When analyzing the data, it can be seen that the Workers were a strategic element for the development of the Supporter's work, bringing to the program different experiences, formations, ideological, theoretical and practical conceptions that had the potential for aggregation, favoring the consolidation of the program., however, it was noted that this rarely occurred. On the contrary, conflicts and misalignments were constant in this initial process, sometimes exposing weaknesses, opening space for authoritarian management, which proved to be ineffective. Some conflicts were veiled and gained strength, teams broke up and workers were discouraged, therefore, it was necessary to rethink the management model.

Despite the guidelines established by the SMS/SP, the care model was not clear and needed to be elaborated through daily practice. Numerous forms of prejudice, exclusion, social

segregation suffered by people with disabilities throughout the history of western society, and welfare and tutelary practices still influence current care models (13), encountered these issues in the way some professionals work.

Therefore, the program's target audience proved to be another important factor, exposing the teams' difficulties in dealing with the complexity of the cases, as well as in working with the perspective of interdisciplinarity, once inserted daily in the lives of the people they accompany and, in the territories of acting. Another relevant aspect to the work of the program, they were regions with low Human Development Index (HDI).

It considers territory, the place where social relations are projected, materializing the structural and conjunctural articulations to which individuals or social groups are historically subjected, becoming closely correlated to the current context and mode of production.¹⁷

In the territories, the Program faced local government bodies, such as the Technical Health Supervision (STS), Regional Health Coordinations (CRS) and other SOs (Social Organizations), which had their own understandings regarding the Program, interfering in an important way. about the possibilities and limits of work of the teams and, of the Supporter, together with other institutional spheres, such as the SMS (Municipal Health Department) and the Institution managing the Program itself.

In the APD, at the same time, there was little clarity about the work guidelines, the demands of the hierarchically superior spheres, always with short deadlines, pressured the workers to use their maximum productive capacity.

The Supporter, faced with these challenges, faced his own difficulties and limitations.

In this context, it was found that the qualifications and training offered by the institution and SMS/SP were insufficient.

Added to this scenario, difficulty in finding space and time for reflection on the practice, since, for each technical function, goals were established to be achieved.

With this, the need for technical training offered, as well as the technoscientific dimension of the work, is not questioned, but considering that the praxis of health care is not a simple application of knowledge.⁸

In this sense, it is understood that continuing education in health is a fundamental strategy for changes at work, so that this space becomes a place of reflective, purposeful, committed and technically competent criticism.¹³ Public policies in this area provide for in-service training spaces that must be built by workers and can count on the support of other professionals.⁷

Faced with the questions presented, it would be necessary to think about interventions. Thus, in the second half of 2010, the Supporter identified that the team supervisors (nurses) would be the strategic focus, as they were in a leadership position, had different responsibilities and some had difficulties in managing people.

In this first attempt, seven meetings were held, with the aim of helping these workers, and indirectly the teams, through meetings, addressing issues related to how to face the user, family; team, service network and institutional bodies in a more strategic, aligned and consistent way.

However, the Supporter, when approaching the management practice in more depth, reached a limit, and the dispute of models among the team supervisors took the place of reflection. It is likely that this arrangement favored a defensive posture, in the face of aspects that developed in these encounters, being interpreted as threatening by them.

It was noticed that the main reason for these meetings to be inefficient in their objective of favoring democratic management

resided in the fundamental inconsistency of the whole process. Democratic management was discussed in an authoritarian manner. The mandatory presence and the previously defined guidelines contradicted the very content of the discussions. It was necessary to review the design and methodology of these interventions, to look for materials, texts and concepts that could show more interesting and efficient ways.

In October 2011, the second moment of meetings began, which aimed to conduct the internal processes of each technical team (team supervisor (nurse), psychologist and occupational therapist), towards democratic management and the consolidation of a conceptual framework, for the development of praxis, understanding that workers would feel more appropriate, empowered and supported, to promote and reinforce this management model.

The meetings took place at the units, between September and November 2011, with the technical teams, under the responsibility of the Supporter.

The objective was to favor the construction of a conceptual base, on which it would be possible to establish and deepen contents related to the managerial and institutional model. Thus, aspects previously discussed with the team supervisors were discussed, such as the inseparability of the technical, political and administrative aspects of work, especially reflecting concepts and terminologies used in daily life.⁸

At the end of the sixth and last meeting of 2011, the psychologist of one of the teams, told about her internship experience in La Borde, a French psychiatric clinic, protagonists of French clubs.

Identifying similar challenges, the psychologist of the Program suggested the name given to the Permanent Education device, object of study of this research - Knowledge group.

According to this psychologist, the meetings that were taking place coincided with what she had experienced in her internship, as they were characterized by a network of relationships, of democratic organization where knowledge and affections were exchanged. Participation was spontaneous and depended solely on the personal desire to share knowledge in reciprocity, that is, to demand and offer skills and knowledge, which would avoid relationships based on hierarchies. From this moment onwards, the suggestion of the name Knowledge group, which favored the idea of equality between the different knowledges, was approved by those present. In view of the richness of the discussion, the technicians drew attention to the importance of the participation of the Companions, as they had difficulties.

The position of Companion does not require high school or experience and its turnover was higher than that of technicians. As these were the professionals closest to the users and, in fact, followed the daily lives of those assisted, they had contact with all family and territorial issues, but at the same time, they had no specific training, often presenting a paralyzing anguish, demanding from the technical and precise operational instructions, which would solve the complex problems they faced in the homes.

After a three-month break, dedicated to the elaboration of the Guiding Document of the Program, two meetings of the Knowledge group took place, in November and in December 2012, to discuss a challenging case, requested by a reference team, with voluntary participation and, with the inclusion of companions, thus initiating the third moment of the device.

In 2013, there were eight meetings of the Knowledge group, when the Program's Guiding Document and related topics were discussed.

The issue of goals, another Institutional and Workers' dimension, occupied an important space in the discussions of the Group of Knowledge. It was a controversial agenda of the show. In these meetings, Workers were able to complain without this being interpreted in a negative way, on the contrary, they were welcomed, listened to, but also invited to propose other ways of measuring the results of the ODA, which generated proposals for ways of organization of the work process that, equate the delicate characteristic of the program, with the goals and other indicators that were taken to the management of the program for evaluation. This reflection developed criticism and, greater appropriation of the work by the Worker.

At this stage of the Group of Knowledge produced a deep bond between Workers and Supporter, and thus, it was possible to identify that the unique form of each meeting of the device was more related to the meeting produced between the people involved, than with the Supporter himself, who shared responsibility for the process.

In view of the inseparability between the political, the technical and the administrative⁸, the participants of the Knowledge group, were invited by the Supporter to be part of a Working Group (WG (WORKING GROUP)), that is, a Committee of Workers that would be responsible for and facilitate the dialogue between the teams and the device, in the survey of demands and in triggering local actions of Permanent Education in Roda.

This group consisted of several Workers throughout 2014, including companions and supporters of other teams, as well as technicians, starting the fourth moment of the Knowledge group.

In the first meetings, the members agreed on the functioning of the WG (WORKING GROUP). It was an open device, with the participation of different people and teams,

where new members who wished to participate would be accepted, with spontaneous participation and within the possibilities of each worker, like the Group of Knowledge itself.

Thus, the WG (WORKING GROUP) constituted its functioning in a way that it was possible to relate it to the Paideia methodology guideline, where the themes must arise from the group itself, the result of the meeting between the various desires and perspectives present, but that were submitted to an evaluation in Roda. And yet, the elaboration of an Intervention Project together, which would be the Group of Knowledge itself.⁸

At this moment, the device was open to all APD teams, addressing the five strategic factors - Workers, Target Public, Territory, Institution and Supporter - through the discussion of themes of the National Humanization Policy (PNH), including participation in the National Humanization Week.

In December, WG (WORKING GROUP) planned to hold a closing meeting of the year. They invited people from the network of services and instances (STS, CRS, SMS) to compose a table, about the vision of the work of the teams and the Program. Tasks were divided and activities were programmed, however all the accelerated changes taking place in the Institutional and political field, made it difficult to organize the meeting. With the new management and the new institutional moment, the supporter was transferred to a new job.

After this meeting, the WG (WORKING GROUP) maintained communication for a few more months and tried to meet to plan new meetings, but the Institutional moment became increasingly complex, including several changes in the teams, such as transfers and layoffs, and there are no longer conditions to maintain this commitment.

However, during the eight meetings in 2014, with the device leveraged by the WG (WORKING GROUP), the constant incitements and reflections on the Program's goals gained concreteness. The Workers had become active on this issue, where they felt so passive and powerless. The Supporter and his teams were developing new indicators, to be added to the old ones so that the most qualitative aspects of the work could be analyzed, without being configured as goals. This initiative was guided by the General Coordination of ASF, including, exposed to the appreciation of SMS/SP, being well received.

It must be noted that the agreed agreements were important for the proper functioning of the WG (WORKING GROUP), and had a positive impact mainly on the Group of Knowledge, enabling greater continuity and coherence between the subjects discussed, the methodologies adopted, and an expansion of experiments.

This moment represented a stronger possibility of intending the participants of the device to involve themselves in democratizing processes, personally and collectively, radicalizing these aspects in their own process of doing.

But this perception was only possible in view of the support that the WG can offer to the Supporter itself, emphasized by Campos 8, which states that good support happens when it also allows itself to be supported by the group in question.

Health education must also be a way to strengthen (Grupo de Trabalho) the capacity for analysis and intervention of the Workers themselves.⁸

In its process, Knowledge group created space for the democratization of powers and knowledge, involving the exchange of affections⁸, in four successive moments of deepening and expansion, including

conceptual ones, by the Supporter, but also, by all the participants, it involved reformatting the device and consolidating the uniqueness of this experience.

Openness, experimentation, flexibility and the exchange of affections were sought in the Rodas de Saberes, in a process that made possible “[...] a ‘molecular revolution’, that is, a permanent reinvention.”¹¹

It must be noted that this dialogic process did not always occur in an ascending way, having suffered several deviations, influenced by strategic factors that happened along with the process of construction of the Group of Knowledge.

By identifying the facilitating arrangements of the strategic factors, we sought to establish relationships between the uniqueness of the case and the collectivization of this experience.

Therefore, the facilitating arrangements, systematized and presented here, intend to offer assistance to professionals who wish to implement similar processes of Permanent Education, which favor democratic and interdisciplinary changes in the care and management model. With this, it is not intended to direct, but to share what was possible to apprehend and learn in this practical experience and in the search for conceptual tools, to facilitate new experiences.

It is expected that facilitating arrangements help to navigate through strategic factors, intrinsically related to each other, understanding that they are useful ways of reading the terrain, paying attention to and respecting their own characteristics, that is, those of the protagonists and the tools they have. They are flexible and adaptable to these singularities.

FINAL CONSIDERATIONS

It is concluded that there is a need for actions in Permanent Education for health professionals, based on the effectiveness of the

actions developed in the Group of Knowledge, observed through the quality and intensity of the workers' participation in the meetings and, in the change of the profile of the daily practices of the teams.

Therefore, Support based on the assumption of Permanent Education, promotes the role of Workers, stimulates their creativity and provides a fertile field for the production of knowledge, in their experiences marked by failures, successes, difficulties and learning.

Thus, says Falleiro¹⁶, additional research is needed to address counter-hegemonic practices. In this study, we sought to present ways of applying the known concepts - the how to do it -, and how to catalyze the individual and collective learning of the

practices. Perhaps these democratic and collective experiences can present possible paths for reinventions necessary to the field and exits from the current scenario.

Without wishing to praise Prometheus - who socialized the fire of knowledge to humans, only to be punished later, having his liver devoured, but even less resigned to being Sisyphus - who carries huge blocks of stones up a mountain just to see them roll downhill forever, the Supporter, in view of the experience described, must be convinced that enhancing the actions that produce autonomy only makes sense, favoring the autonomy of these producers. Likewise, working with democratic management, interdisciplinarity and ethics.

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