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EXPERIENCES OF SOCIAL SERVICES IN COMPASSIONATE FAVELA COMMUNITIES

EXPERIÊNCIAS DA ATUAÇÃO DO SERVIÇO SOCIAL EM COMUNIDADES COMPASSIVAS DE FAVELAS

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Abstract: Objective: To describe the role of Social Services in assisting elderly patients receiving palliative care in the Compassionate Community of a favela. **Methods:** This is a report of professional experience, about the role of social services in assisting elderly patients undergoing palliative care in a compassionate favela community. **Results:** The challenges observed in favela territories require more time from the social worker for social articulation inside and outside this scenario. Direct and constant contact with patients in the compassionate community and local agents (volunteer project residents) minimizes this barrier. Coordination with the health and social assistance devices present in these locations is essential. **Discussion:** Elderly patients eligible for the Compassionate Community project are, in the vast majority, suffering from advanced cancer that was diagnosed late. Social demands vary due to lack of knowledge about possible services and difficulty in accessing social rights. In turn, the need for assistance for individuals and their families who experience minimum survival conditions is evident. **Final considerations:** Therefore, it is important to offer knowledge that can be multiplied in the territories where the Compassionate Community operates in order to minimize the harm caused by the lack of assistance. By listening carefully and free from prejudice, it is possible to develop professional skills to work in different contexts and to promote quality assistance.

Keywords: Social Support; Elderly; Palliative care; Poverty areas.

INTRODUCTION

Due to the demographic growth of the elderly population, population aging Represents a significant challenge in contemporary society, impacting both developed and underdeveloped countries. Given this, it is It is necessary for Brazil to prepare properly to meet the demands of people over the age of 60. The preparation covers several aspects, which include the adaptation of the environment, the provision of qualified material and human resources, as well as the definition and implementation of specific actions in the health area [(1)] .

A Brazilian population following a global trend, is going through an aging process that leads to significant changes in the health prospects. With the increase in longevity, the occurrence of degenerative chronic diseases becomes more prevalent, and the needs for care Arising from these diseases become more relevant. In this context, palliative care emerges as an important practice that seeks to improve quality of life of patients and their families in the face of diseases that pose a threat to the continuity of life [(2)].

According to the definition of the World Health Organization [(3)], palliative care is characterized as an approach that seeks to prioritize the Quality of life of patients and their families in the face of the challenges caused by life-threatening diseases. This approach aims at prevent and alleviate suffering, identify early, perform appropriate evaluations and treat pain, as well as other symptoms of a physical nature, psychosocial and spiritual.

Considering that palliative care is a basic human right and an essential element in the Integrated care throughout life, it involves a multidisciplinary follow-up where the focus of attention is the patient and his family and not the Disease. In this context, palliative care's main objective is to promote well-being and quality of life, in addition to promoting human development and Enhance dignity in the final phase of life [(4)].

However, in favela scenarios, there are barriers to the effectiveness of this Practice, such as structural limitations, access to health, safety, urban mobility, among others. In these territories, there are individuals attending with progressive and threatening conditions for the continuity of life that demand full health assistance in their homes. These people they need external support, as they experience difficulties moving to health units in order to receive the necessary assistance [(2)].

In this Context, the initiative called the Compassionate Community, emerges as a way to expand access to palliative care in these scenarios. The concept of Compassionate communities

was introduced by sociologist Allan Kellehear, as an approach that seeks to promote care and mutual support in contexts Community in the face of death, mourning and palliative care [5-7].

Thus, the Favela Compassionate Community project was developed with the aim of Implement palliative care in the favelas of Rocinha and Vidigal, in the city of Rio de Janeiro. This pioneering work was carried out through a project of extension of the Federal University of São João Del Rei (UFSJ) and Federal University of Rio de Janeiro (UFRJ), which is based on the construction of targeted community actions to patients with life-threatening diseases and family members and emphasizes the active participation of the residents of these Slums [7].

Through this initiative, residents who already had a compassionate performance in caring Spontaneously from their neighbors, received training and additional resources, to more effectively play the role of local agents (caregivers Volunteers). In this way, they monitor and support their neighbors who are diagnosed with a life-threatening disease, seeking Reduce suffering in all dimensions [6].

The local volunteers, together with a multidisciplinary team composed of Nurses, doctors, social workers, psychologists, physiotherapists, nutritionists, therapists occupational, speech therapists, professionals of Physical education, dentists and chaplains, perform palliative care assistance on a voluntary basis. The goal is to add knowledge of each Professional, contributing in an integrated way to the well-being of the patient and his family[6-7].

The action of the Social Worker in the Favela Compassionate Community is to guide and Clarify about social assistance rights and services and make the articulation to access public equipment, since it occurs in a Violated territory where the ills of social inequalities are visible. In addition, there are weaknesses in the performance of the State, such as human resources Reduced and low coverage of health and social services, due to multiple factors, such as the performance and control of said Territories by criminal factions.

In this space, Social Service has as its object of intervention social pain, which is a Part of total pain, concept proposed by Cicely Saunders. Thus, it is understood that all aspects of the patient's life (physical, emotional, social and Spiritual) contribute to the generation of pain and the manifestation of suffering. Situations of social vulnerability can generate and even increase the suffering of Elderly person with life-threatening illness [8].

The elaboration of this study was motivated by the concerns of the main author, arising from the contact with the Territory and other professionals involved in the Compassionate Community. Therefore, the objective of the study was to describe the performance of social work in Palliative care for the elderly through the Compassionate Community project.

METHODS

Study design

This is a descriptive study, of the experience report type, on the performance of the Social service in palliative care aimed at the elderly, through the Compassionate Community project in the period from 2019 to 2023.

Study location

This study was developed in the favelas of Vidigal and Rocinha, located in the South Zone of the city of Rio de Janeiro. These urban communities Are known for their dense population, infrastructure limitations, limited access to basic health services and precarious socioeconomic conditions. Present Effective presence of the fourth sector (factions), which inhibits the entry of public equipment, contributing to the growth of social ills.

Ethical aspects

According to resolution of the National Health Council (CNS) 466/2012 and 510/2016, because it is a report of Experience, there was no need for appreciation from the Research Ethics Committee.

PRESENTATION OF THE CASE

The Social Service, within the scope of the Favela Compassive Community, is part of a multidisciplinary team, composed of Nurses, doctors, nutritionists, psychologists, speech therapists, pharmacists, among other professionals. A Social Service performance occurs monthly, from home visits carried out by the multidisciplinary team and compassionate agents - residents Of the community itself, who receive a basic course in palliative care.

If patients are eligible for the project, social workers contact the patient and/or family to collect other information and prepare A social care plan. This plan is made according to the patient's social diagnosis and the type of family organization. The social worker Guides the family on possible legal measures if necessary, such as sickness benefit, disability retirement, benefit of Continued provision, curatorship, power of attorney or burial guidelines.

It is necessary to consider the socioeconomic and cultural reality of the patient and his family. In this context, situations are observed in which some Patients do not have family ties and others who do not have family reference. It is common to assume that the elderly person is loved and dear Within the family, but that's not always true. We have an example of an elderly person, in palliative care, for whom the family did not report interest In relation to its finitude, due to

the ties that were previously broken. In these cases it is necessary to propose a family conference to mediate such Situation, if there is interest from both parties.

In cases where there is no family reference, the Social Service verifies the Social support network, which can be the neighbors, the church, the spiritist center, civil society organization (CSO), residents' association, in order to offer a patient support.

In addition, in situations where an elderly person has no family reference, a letter is sent communicating the fact to the Center of Specialized Social Assistance Reference (CREAS) with copy to the Public Ministry. In situations where the patient has Family reference, guidelines and the survey of the social demands of the patient and his family and referrals to the relevant public equipment.

Challenges are constant in the various fields of Social Service, but Specifically in the Favela Compassionate Community, the expressions of the social issue are expanded and directly impact the effectiveness of the work. A simple guidance for the withdrawal of an identification document to enter a social benefit becomes a great challenge, due to factors Such as: low education, patient health limitations, lack of family reference and difficulty in accessing public health services.

In this sense, such difficulties require greater articulation of the team of Social workers inside and outside the favela. In turn, the direct and constant contact with patients, with local agents, the articulation with the Clinics of Family, Social Assistance Reference Centers and with judicial instances, such as the Public Defender's Office and the Public Prosecutor's Office, minimize such Barriers in order to ensure the effectiveness of the actions.

DISCUSSION

Due to technological advancement, it was possible to diagnose and screen early the diseases that were previously had as mortals, and now they are chronic diseases, enabling greater longevity and increasing the functional decline of this portion of the population. Chronic diseases non-communicable (NCDs) are the leading cause of death in the world. Cardiovascular diseases, diabetes and especially cancer, when they are in stages Well advanced, require that affected people receive continuous care and have easy access to palliative care [9]. Elderly patients eligible for palliative care from the Compassionate Community are mostly affected by advanced cancer, which were late Diagnosed and without prognosis of cure.

The most vulnerable classes are organized through a social support network, which is very Common in the context of favelas, unlike the wealthier classes that organize themselves according to their financial situation. As a social support network Local, it is understood the group of people who live around the elderly person who is affected by a life-threatening disease and local

institutions as an association of residents, NGOs, churches, markets, bakeries, which contribute to maintaining the patient's well-being in palliative care in the favela.

The demands Social are diverse, due to the great ignorance and lack of access to social rights. It is worth mentioning Article 5º, item III, of the Constitution of Federative Republic of Brazil (CF/88) [10] which says: "No one will be subjected to torture or inhuman or degrading treatment;". This item can be Related to the term mysthanasia, which is practiced against elderly patients who die without their rights being guaranteed.

In the discussion about the terminality of life, Concepts such as dysthanasia and orthothanasia are addressed. Dysthanasia is characterized by excessive insistence on therapeutic treatments to postpone Eminent death, while orthothanasia refers to respect for the natural course of death [11].

The term mysthanasia Was created by Márcio Fabri dos Anjos, who referred to a type of crime not yet specified in the Penal Code, but not allowed by the Federal Constitution. The Term originates from the Greek (mys = unhappy; thanathos = death; "unhappy death"), that is, to die miserably, early and avoidably In which the lack of resources makes a dignified terminality impossible [12]. It refers to amortization as a result of the lack of effective public policies of the government.

In the context of the favela, it is evident the Need for assistance for individuals and their families who experience minimum survival conditions. In turn, it is observed that the performance of Community Communities of favela in partnership with public health services can make it possible to minimize physical, emotional, social and Spiritual of patients in palliative care and their families, through compassionate practices carried out by the community.

CONCLUSION

Among the challenges of the Compassionate Community is the difficulty in reconciling theoretical knowledge And academics with the experience of practice, in the face of the adversities of the territory. There is a need to offer an attentive and judgment-free listening, to make The most effective communication. The difficulty of communication can generate a stanglement in the parties involved, being necessary to transit in the two Worlds, listening, translating and mediating when necessary.

It is important to offer knowledge about comprehensive health care that can be multiplied in the territories where the Compassionate Community acts. From an attentive and prejudice-free listening, it is possible to develop the ability to walk in realities Different, maintaining the commitment to the construction of a common proposal, sharing knowledge. The sharing of the

Knowledge can promote emancipatory attitudes of the subject regarding their rights and access to services, as well as the multiplication of knowledge Among your peers.

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