

Knowledge of regular and specialized teachers: legislation, medicalization and relationships with the family in school inclusion

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Abstract

The present paper deals with the challenge of the educational inclusion process as a central theme. This study seeks to analyze the perception of Specialized Educational Support and coordination teachers regarding inclusion practices at school, in consideration the specialism, teaching knowledge, the right to use the resource room in the context of the public school of a municipality in Greater SP. The method used to carry out the field research was qualitative research, having as an instrument semi-structured interviews with the coordination and SES teachers who work in the elementary school of a municipal public school. The analysis of the material collected in the field will be based on content analysis, comparing field materials and the theoretical framework adopted by the authors. The partial results indicate that the school inclusion process is still considered difficult for teachers and coordinators. There is a need to discuss the democratic school, the right to education, affirmative actions and policies in relation to the PWD student, in addition to topics such as the diagnosis of children, also the systematization of public policies and the involvement of families in the inclusion process.

Keywords: Inclusion. Medicalization. Learning problems.

Saberes dos professores regulares e especializados: legislação, medicalização e relações com a família na inclusão escolar

Resumo

O presente trabalho trata como tema central o desafio do processo de inclusão educacional. Este estudo busca analisar a percepção de docentes de Apoio Educacional Especializado e coordenação a respeito das práticas de inclusão na escola, levando-se em consideração o especialismo, o saber docente, o direito ao uso da sala de recursos no contexto da escola pública de um município na Grande SP. O método utilizado para realização da pesquisa de campo foi a pesquisa qualitativa, tendo como instrumento entrevistas semiestruturadas com a coordenação e professores AEE que atuam no ensino fundamental de uma escola pública municipal. A análise do material coletado em campo será feita a partir da análise de conteúdo, cotejando materiais do campo e do referencial teórico adotado pelos autores. Os resultados parciais indicam que o processo de inclusão escolar ainda é considerado difícil para os professores e coordenadores. Há necessidade de se discutir a escola democrática, o direito à educação, ações e



políticas afirmativas em relação ao estudante PcD, além de temas como o diagnóstico das crianças, também a sistematização das políticas públicas e o envolvimento das famílias no processo de inclusão.

Palavras-chave: Inclusão. Medicalização. Problemas de aprendizagem

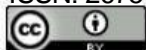
1 Introduction

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Faced with the pressure of prevailing social and educational standards, it is common to observe complaints coming from teachers about "learning problems" and "behavior problems" of school-age children (EIDT; MARTINS, 2019). In this sense, children with behaviors considered "different" are mostly diagnosed with psychic or organic problems, which leads them to a treatment that is almost always medicated. The term medicalization is used to refer to a tendency or way of facing phenomena multidetermined by social, cultural, and political circumstances as if they demanded medical treatment. That said, "medicalization should not be confused with medication, a practice that refers to the administration and prescription of drugs, nor with medicamentation (the abusive use of medicines)" (MEIRA, 2019, p. 225).

The problematic that justifies our study is to discuss in school inclusion the practices and processes in which children are excluded in (inclusion from) school. The production of a hyper specialized knowledge about disability and learning problems brings the debate to the arena of teacher training, in which we realize that the knowledge legitimized as valid to explain such difficulties is the knowledge supported by sciences that prioritize the organic and biological, without considering conditioning factors, broader and more complex, in addition to social markers that affect the way of being of the child and the family involved.

Besides the seriousness of the fact of making an inappropriate diagnosis, it will reflect (n)an individual, genetic, and physiological culpability, on which human interactions cannot, according to this point of view, modify/train the individual to the point of being able to overcome and open up to other possibilities of development. On the other hand, to associate behaviors and modes of learning to biological causality or syndromes and disorders is to reduce the possibilities of transformation and social change of the learner in their pedagogical interaction with the teacher (HASHIZUME, 2020, p. 667)





This text aims to map the perception of teachers and coordinators about teaching-learning strategies for students with disabilities and discuss the relationship between teachers of regular and specialized classrooms based on contact and school practices and training.

2 Methodology

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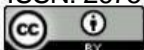
The Covid-19 pandemic intensified the work of management and teachers (AEE or regular classroom). Even so, the present project took place partly in person, partly remotely, having been approved by the Ethics Committee (CAAE no.: 25103319.6.0000.5508). The field research involved interviews with regular and AEE teachers and the manager of a full-time school in Greater São Paulo, between 2020 and 2021. The interviews, based on a semi-structured script, were about the objectives of the present study.

3 Results and Discussion

Some excerpts from the interviews conducted with the pedagogical coordinator and with two AEE teachers will be presented within the current context of the municipal AEE policies, which have become more flexible in relation to teachers and the frequency of appointments, thus undermining the monitoring that used to be done by the school's own teachers:

[...] the child's time is being lost, if there was something more fixed, defined [in relation to AEE professionals], this path wouldn't have so many ruptures, because it is a rupture, she [the child] has to establish a bond, how does it change the teacher that serves an autistic child that has a relationship issue, that has an issue that is necessary to establish a bond to be able to help in the development? So unfortunately what we have today is very complicated.
[They usually tell us: "This case is not for the AEE". (school coordinator)]

It is evident the exclusion in relation to some students who, in the view of teachers and management, need assistance in the resource room, but are not their "target audience", in a misunderstanding of the legislation on school inclusion. We noticed a discourse of subtle impediment, in which students without diagnosis are not welcome to



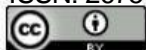


the service, which, in the words of Fidalgo (2018), constitutes the "exclusion" within the "inclusion", or what we call in-exclusion (HASHIZUME, 2020).

Categories were constructed from semantic cores, which will be briefly announced here and later discussed. Such categories are part of a broader discussion about the right to education, teaching knowledge, and specialism in inclusive education. Category 1 speaks of the Vision on Legislation and impacts for inclusive practice at school. Category 2 - Knowledge of regular and specialized teachers is related to the semantic core and aspects related to the knowledge and practices of teachers of regular and specialized classrooms based on the contact between them, training and working conditions. In category 3 - School-family relations: we will discuss the relationship between public space and private relations in the family and representations between family-school. Category 4- Disorders/Medications and disability brings together aspects related to the reports, diagnoses, judicialization, and the need to guarantee rights through this. And finally, category 5 - Management's view on practices and training for inclusion, refers to the strategic and broader semantic core of the inclusion processes, comparing them to the perceptions and procedures adopted by the AEE's.

In category 1, the perception of teachers and coordinators about current legislation and teaching-learning strategies aimed at the development of students was analyzed. It encompasses legislations such as the LDB; Technical Standard 04/2018, the LBI when it comes to training, working conditions, and strategies used by AEE and regular classroom teachers; in addition to the National Human Rights Plan, regarding the access to a quality education for students with disabilities. Indirectly, to this category are also added issues related to legislation protecting children's public health, especially with regard to municipal laws that "institute" practices preventing the overprescription of medications to children with behaviors deemed as "inappropriate."

Arelaro (2017) discusses legislation and ways to be included in school by expanding the relationship between educational rights, affirmative policies, and guaranteeing human dignity. Indirectly, such legislations guarantee affirmative actions. In the interviews analyzed, students without a closed diagnosis make such legislation





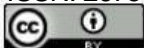
innocuous, since they are not considered beneficiaries of the resource room. In this sense, there is a concern in relation to the assistance given to such children that cannot be attended in the resource rooms, at the same time that in the regular classrooms they are not seen as children who learn like the others.

The care of children in resource rooms and AEE support is guaranteed by documents such as Technical Note 4 (2002), as well as the National Plan for Education in Human Rights (BRASIL, 2018), which guarantee another form of inclusion, quite different from the old integration, as Fabris and Lopes (2016) describe.

The Law of Directives and Bases (LDB) (1996) brings advances not yet fully realized regarding inclusive education. In addition to considering the gifted and people with special needs as special education audiences, it places special education as a type of school education, reiterating that regular education is preferential for all students, highlighting the necessary investment in the curriculum and in teacher qualification. The statements of the AEE teachers reveal, still, gaps in these issues. Similarly, the social inclusion and citizenship advocated by the Brazilian Law of Inclusion of Persons with Disabilities (2015) should extend to people with disabilities.

Regarding category 2, we seek to bring to light the relationship between the knowledge and practices of regular and specialized classroom teachers based on the contact between them regarding their training and their bond with the school attended. The different knowledge and practices of the AEE teachers and those of the regular classroom become explicit from the spatial point of view, when we see that the AEE teacher works predominantly in the resource room, to the way his or her super-specialized knowledge about disability is established in the school.

In the case of the school studied, there are students with different disabilities who require, according to the practice adopted by the school management, interaction between the knowledge of the specialist teacher and the regular classroom teacher in collective and individual planning. With the inclusion practices focused on the multipurpose room, the knowledge that is built in the regular classroom is unfortunately not properly used in order to promote inclusion. The reports from the interviews show that the specialist teachers work





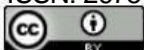
on two fronts, namely: collaborative work and after-school work. In the first, the performance takes place during class time, either reinforcing the content already learned by the regular teacher or working on specific demands concerning the student's disability. From the statements, we infer that the relationships between teachers (of regular classroom and resource teachers) take place on an occasional basis. In general, in meetings, regular classroom teachers consult specialists on how to deal with this or that difficulty of the PcD student.

In spite of the scenario outlined, in a subtle way there is the exercise of power relations among the teachers who deal with the daily practices of inclusion. Let's see in this excerpt from the interview with the AEE teacher:

Each teacher governs her classroom in a different way. So sometimes there is a teacher who thinks that the child doesn't need that adaptation and we as teachers of AEE, we are teachers, we are there to contribute, but the reference teacher of the room is the one who orders, in a certain way. So, if he doesn't ask you to do it and if he doesn't let you participate, you also don't have the right to invade. So, there are teachers that this relationship is super easy, you can do a good job; there are teachers that are more difficult.

Specialized knowledge about disability is necessary for inclusive education, as well as knowledge about the specialties that students with disabilities demand. However, what we question, from the standpoint of School-Institutional Psychology, is the place of knowledge-power that specialized knowledge occupies, overlapping the pedagogical knowledge of the classroom teacher. When specialized knowledge imposes itself as superior knowledge compared to the knowledge of the regular classroom teacher, inclusive education goes backwards and, instead of promoting inclusion, it promotes a competition of knowledge. The excerpt makes us infer that inclusion only happens with the participation of the specialist teacher.

The separation between the specific knowledge about disability that prevails over the teaching know-how, which we will here call specialism, is shown, for example, when the teacher reports that there is no room to work on themes that help clarify strategies and assumptions to deal with the difference. The work in the regular classroom also requires activities to be carried out with the whole class, especially with the students who do not





have disabilities, as these will be the ones responsible for welcoming the classmate with disability.

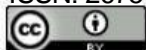
For the coordinator, it is very important "[...] to state that the school's relationship with its students can both produce or aggravate suffering and help them overcome difficulties" (MEIRA, 2019, p. 138), especially in the case of a public school, which must comply with the Brazilian legislation.

In category 3, in the relationship between school and family, we noticed that the family is held predominantly responsible for the recovery of the child's learning, which is evidenced in the interviews with the AEE teachers. In the interviews, there is reference to the parents' commitment to bring the children twice a week for stimulation in the resource room. The relationship between family and school is tense and mediated by knowledge (academic/school knowledge and common sense), interpreted by teachers and management as resistance to treatment. This "boycott" would occur, according to the interviewees, using different justifications such as: questioning the diagnosis, lack of money to travel, lack of time to accompany their children.

In a school that is not full time, the child has the right to be attended, he needs to have at least two hours a week, so if it is on alternate days, a child who comes from the after-school program, he comes on Wednesday mornings for one hour and on Fridays for one hour. So that's 2 hours a week. But then the mother says that it is not possible for her to come twice a week because it is too difficult for her. So, we leave 1 hour and a half running, once a week. Because sometimes it is also very tiring for the child, depending on her needs, depending on how she is, she can't stay there for an hour and a half, focused, doing activities (AEE Teacher, our emphasis).

This excerpt shows, in its beginning, that parents cannot take their children to the treatment that is oriented by the teachers. In a second moment, despite transferring to the children's guardians the fulfillment of the activities related to the child's treatment, one can see the admission that the workload to be fulfilled is really excessive.

Regarding Category 4, which deals with aspects related to medicalization, disorders and disabilities, and processes related to reports, diagnoses, and judicialization of the rights of these children. "To medicine is attributed the whole universe of man's relations with nature and with another man, that is, life" (MOYSÉS, 2008, p. 1), and with





the acceptance of society we perceive this discourse also present in the school environment. In this context, medicalization is seen as a method to combat abnormalities in society, generating inequalities, pathology/psychopathology, accompanied by a great growth of diagnoses/laws.

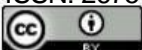
8 *Unfortunately, such power play institutes a medical logic by the discourse of the non-need for educational knowledge, which should be replaced by medical knowledge (ANGELUCCI, 2014). This process described by Meira (2019) affects the lives of these children and their families, the teachers and the management that deal with them on a daily basis. This is exemplified in the coordinator's speech when reporting a brief situation about how assigning great value to a report overrides the school's opinion about the student's learning was not taken into consideration:*

[...] These days we even received to talk with the mother the report of a child who has attention deficit disorder and dyslexia. The boy is reading, how can he have dyslexia? But wait, they [the medical specialists] didn't ask the school for anything [reports on the child's learning], how could they close such a report? (Coordinator)

The interviewee questions the way the diagnosis is closed, given the lack of correspondence between the child's behavior and what the report says. In a critical way, the coordinator demarcates her school knowledge, questioning the doctor's opinion presented to the mother.

So these reports... we always look very carefully because there are things that we see that really portray the child's condition, but there are things [diagnosis] that we put in the medical record [without considering] and we go on working with him [student] because what is working is this and does not match what is written there [report] (Coordinator, 2021)).

The questioning that the coordinator raises in her statement is in accordance with a view of "that students have access to an education that respects their specificities, including them in society as a whole," without necessarily being categorized as sick (HASHIZUME, 2019, p. 134). At the same time, we noticed the excessive use of medical jargon in the AEE teachers' assistance. The nosological frameworks of pathologies are mixed with the behavioral characteristics of children. Unfortunately, following this logic, the





search for a solution to this child's learning problems goes through the search for a diagnosis, which is made explicit in this excerpt from the AEE teacher:

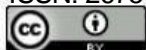
if it's a student in the AEE, he or she will be attended to, if not, then it's up to the team [of specialists from the municipal education secretariat], of course. But the experience we have is that it is a follow-up that is a little more distant from the AEE follow-up.

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A hyper-specialized knowledge that corroborates the medicalization discourse is explicit, in which the student needs to be evaluated in order to know the degree of severity of autism. After this classification, it is as if the pathology could be classified for later intervention. Finally, category 5, which deals with the management's view on practices and training for inclusion is based on the guidelines of the LDB (1996) and its differentiated didactic guarantees to students. While the coordination stresses the importance of collective and individual spaces for the continuing education of teachers, students' families and specialists, the AEE teachers have a fragmented view of training, tending to advocate that it should be done in an individual and instructive way. In this municipality, this is due to the fact that the specialist teachers are in each school twice a week, which, according to the pedagogical coordination, affects the student's attendance. It also affects the bond between teacher, school, and family in the socialization work, both in the technical and affective aspects of learning.

When it comes to educational management in inclusive education, we know that in public schools, the municipal management closely monitors the actions of teachers, AEE teachers, families, and school coordination and direction. In this sense, the objectives of the activities, as well as the understanding of the process of continuing in-service training, comes up against the institutional relationship of the professional, who, the more dedicated to that school, better monitors the learning process, whether of inclusive educational practices, or of cooperation actions between regular classroom teachers and resource room.

4 Concluding remarks





In summary, the research pondered the challenges that the school has been facing daily when working on the inclusion of children with disabilities. The specialized knowledge of AEE teachers competes with the teaching know-how of regular classroom teachers, in a "tense" collaboration that reveals conflicts and power circulating in relationships. The studied legislations reinforce and establish means for the inclusion to occur through actions and public policies, which collaborate in guaranteeing the right to education and health for children considered different.

Another important point was the continuing education and in-service training allied to the strategic vision of the management, which through deals in the daily school affect significantly the teaching work and school autonomy. In the inclusion process in schools aimed at students with learning problems we noticed exclusion processes, what we call in-exclusion. Therefore, we understand and reinforce the need to expand discussions on the subject, instead of just criticizing inadequate practices, in order to build new practices that are effectively inclusive..

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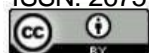
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