

## INTERFACE ENTRE SAÚDE E EDUCAÇÃO NO PROCESSO DE INCLUSÃO ESCOLAR

### THE INTERFACE BETWEEN HEALTH AND EDUCATION IN THE PROCESS OF SCHOOL INCLUSION

### LA INTERFAZ ENTRE LA SALUD Y LA EDUCACIÓN EN EL PROCESO DE LA INCLUSIÓN ESCOLAR

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#### RESUMO

**Objetivo:** Analisar como se configura a articulação entre profissionais da educação, da saúde e familiares no processo de inclusão escolar. **Método:** Estudo qualitativo interpretativo, orientado pelo referencial de Boaventura de Sousa Santos que contou com participação de 43 entrevistados. As entrevistas guiadas por roteiro semiestruturado foram submetidas à análise de conteúdo. **Resultados:** A análise permitiu identificar três categorias: a família no contexto da inclusão escolar e a relação com a escola; a atenção à criança no Sistema Único de Saúde na perspectiva dos profissionais da educação e a desarticulação entre profissionais da educação e da saúde. **Conclusão:** Há ausência de interação entre a enfermagem e outros profissionais de saúde com a educação. Na perspectiva dos profissionais da educação e dos cuidadores, as dificuldades relacionadas aos atendimentos de saúde no SUS, como a demora dos procedimentos e a falta de especialistas, constituem-se em desafios para o processo de inclusão, considerando que conhecer a condição da criança é um aspecto que favorece adaptações ao seu processo de aprendizagem. Os profissionais reconhecem que, no cenário de investigação, a articulação entre profissionais da educação e da saúde poderia contribuir, consideravelmente, para o aprendizado infantil. Entretanto este estudo ressalta a importância da atuação do enfermeiro no cenário da inclusão escolar com equipe multidisciplinar.

**Descritores:** Crianças com Deficiência. Educação Especial. Inclusão Educacional. Enfermagem.

#### ABSTRACT

**Objective:** To analyze the articulation between education and health professionals and relatives in the process of school inclusion. **Method:** Interpretative qualitative study, which interviewed 43 participants. The interviews guided by a structured guide were subjected to content analysis. **Results:** The analysis revealed three categories: the family in the context of school inclusion and the relationship with the school; child care in the Unified Health System in the perspective of education professionals and the disarticulation between education and health professionals. **Conclusion:** There is a lack of interaction between the nursing staff and other health professionals with education. In the perspective of education professionals and caregivers, the difficulties related to health care in the UHS, such as the delay of procedures and the lack of specialists, are challenges to the inclusion process, since knowing the child's condition is an aspect that favors adaptations to his/her learning process. The professionals recognize that, in the research scenario, the articulation between health and education professionals could contribute considerably to the children's learning. However, this study highlights the importance of the nurse's performance in the scenario of the school inclusion with a multidisciplinary team.

**Descriptors:** Disabled Children; Education, Special; Mainstreaming, Education; Nursing.

#### RESUMEN

**Objetivo:** Analizar cómo se establecía la articulación entre los profesionales de la educación, la salud y los familiares en el proceso de la inclusión escolar. **Método:** Estudio cualitativo interpretativo, en el que 43 participantes fueron entrevistados. Las entrevistas guiadas por un guion estructurado fueron sometidas al análisis de contenido. **Resultados:** El análisis permitió identificar tres categorías: la familia en el contexto de la inclusión escolar y la relación con la escuela; la atención al niño en el Sistema Único de Salud en la perspectiva de los profesionales de la educación y la desarticulación entre los profesionales de la educación y de la salud. **Conclusión:** Existe una falta de interacción entre el personal de enfermería y otros profesionales de salud con la educación. En la perspectiva de los profesionales de la educación y cuidadores, las dificultades relacionadas con el cuidado de la salud en el SUS, como el retraso de los procedimientos y la falta de especialistas, son desafíos en el proceso de inclusión, mientras que el conocimiento de la condición del niño es un aspecto que favorece las adaptaciones a su proceso de aprendizaje. Los profesionales reconocen que, en el escenario de la investigación, la articulación entre los profesionales de salud y de educación podría contribuir considerablemente al aprendizaje de los niños. Sin embargo, este estudio resalta la importancia de la actuación de la enfermera en el escenario de la inclusión escolar, con un equipo multidisciplinario.

**Descritores:** Niños con Discapacidad; Educación Especial; Integración Escolar; Enfermería.

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## INTRODUCTION

Few countries have reliable information about how many children have disabilities, which are or how they affect their lives. This scarcity of data jeopardizes the planning of actions towards this<sup>(1)</sup>. In Brazil, estimates reveal at least 10% of children are born or acquire some kind of physical, mental, intellectual or sensory disability with repercussions on the neuropsychomotor development, and 70 to 80% of the sequels could be avoided or minimized, through simple and low-cost behaviors and procedures and possible operationalization with timely diagnosis and preventive measures appropriate to the various care levels<sup>(2)</sup>.

Seeking, among other objectives, to promote and protect the children's health, in 2015, the decree n.1.130, of the Ministry of Health (MOH), implemented the National Policy of Integral Care to Children's Health (PNAISC)<sup>(2)</sup>. This document highlights the need to recognize that the promotion of the quality of life of children with disabilities is directly related to the promotion and protection of their rights, to the inclusion of health services, to education, to social assistance, among others, to develop, within their possibilities, in the first years of life<sup>(2)</sup>.

The discussion about the repercussions of disabilities in childhood to family and society requires a reflection on what strategies are used to exercise citizenship and ensure the social coexistence and inclusion of this group. In this sense, there is need for a timely analysis of how the process of school inclusion of these children has been happening and how health professionals, among them, the nursing, can contribute to this process.

Currently, people with disabilities have their educational rights guaranteed by law 12,796 of April 4, 2013, which describes, among other things, the guidelines and bases of national education and training of education professionals, with specificities for people with disabilities<sup>(3)</sup> and the Law 13,146 of July 6, 2015, which regulates the inclusion of people with disabilities<sup>(4)</sup>. Despite this legislation, the literature indicates that many challenges are present in the Brazilian scenario of school inclusion of children with disabilities. Teachers have difficulty to understand the meaning of inclusion, there is unawareness of the role of the school in the process, lack of didactic resources that meet the demands of students with

disabilities, overcrowding in classrooms, among others<sup>(5-7)</sup>.

It is opportune to mention that, in 2007, the Ministry of Health and Education established the School Health Program (SHP), which aims to promote actions in the school environment, focused on health promotion and prevention in children and adolescents. In this sense, nursing must act directly in the school, as well as the other professional categories that comprise the Family Health Strategy (FHS), health service that is closest to the school, in order to assess the health conditions of children and adolescents; perform activities of health promotion and prevention of diseases; and continuing education and training of education professionals<sup>(8)</sup>.

In this perspective, there is the premise that timely articulation between educators and health professionals can contribute to the process of school inclusion, especially when indicating children with a high degree of dependency for the self-care, mobility and social function. Moreover, what stands out is the scarcity of national studies regarding the health sciences, which reveal the process of articulation between educators, health professionals and family members in the process of care and encouragement of school inclusion of children with multiple disabilities.

The challenges related to the everyday life of families in the management and care with children with disabilities, allied to weaknesses in health care and in school inclusion of this population, indicate the relevance and pertinence of studies of this type in order to help with presentation of data that may favor an adequate planning. They regard the health needs and demands for care presented by children with disabilities in the scenario of study and how health professionals can contribute to the process of school inclusion.

Faced with the challenges presented, the study arose from the following question: how is the process of articulation between health, education professionals and family in the process of school inclusion of children with disabilities? According to the above, the objective was to analyze how the articulation between education, health professionals and family occurs in the process of school inclusion.

## METHODS

This is an interpretive qualitative study that sought the meanings attributed by participants to experiences in the daily routine of school

inclusion of children with disabilities. The potentiality of studies of this nature is its ability to deliver complex textual descriptions of how people experience a given situation and produce culturally specific and contextually rich data<sup>(9)</sup>.

The theoretical framework was adopted, which invites us to emerge from a state of conviction or naturalization of social differences and inequalities, betting on the renewal of critical theory and social re-emancipation<sup>(10)</sup>. These transformations are built when one seeks new possibilities to organize society, making it more inclusive, overcoming the present reification, without, however, abandoning a project for the future<sup>(10)</sup>. In this sense, the theoretical calls us to refuse a logic of thoughts and actions to which we get used and accept what exists to then be possible to build new ways of thinking and doing. This reference is relevant to look and analyze the object of this research, as it considers the existing diversities of life production, in our everyday life, including school territories.

The participants were 10 caregivers, 10 directors, 10 educational assistants and 13 teachers, totaling 43 participants, who answered a semi-structured questionnaire. The inclusion criterion was being a teacher, educational assistant, director or main caregiver of children aged up to 10 years with single or multiple physical disabilities and enrolled in basic education of municipal schools in a city in the countryside of Minas Gerais which has 36 municipal schools. From information supplied by the city education department, adopting the inclusion criteria, 14 children were selected to participate in the study; however, two mothers refused, because one had no time available for the interview and the other could not be identified by the school. Thus, professionals from 10 schools were interviewed.

The data collected were subjected to content analysis<sup>(11)</sup>. It is a set of techniques of analysis of communications aiming to obtain, through systematic and objective procedures, the description of the content of messages, elements that allow inferring knowledge concerning the conditions of production of these messages<sup>(11)</sup>. In the initial phase, called pre-analysis, the material is organized. All interviews were transcribed, representing a first contact with the texts. Subsequently, the interviews were read, grasping the content in general. In the second step, the indexes were referenced and the indicators were prepared with cutouts of the text, in addition to

categorizing, exploring and preparing the material under analysis. Finally, there is the third step, which developed the interpretation of data, speeches, establishment of tables of results, placing emphasis on the information provided by analysis<sup>(11)</sup>. These procedures allowed constructing three empirical categories: the disarticulation between health and education professionals, care with children with disabilities in the Unified Health System (UHS) in the perspective of education professionals and the family in the context of school inclusion and the relationship with the school. All of them were discussed considering the theoretical methodological approach adopted and current evidence about the object of study.

Aiming to preserve the participants' identity, the code I was established for each interviewee, followed by A, T, D and C, for educational assistant, teachers, directors and caregivers, respectively. Each interviewee received a numeric sequence, according to the interviews, ranging from 1 to 13 for teachers and 1 to 10 for the other categories of participants. The coding used across the organization and analysis of the study obeyed the same order.

The research was developed taking into account the provisions of Resolution number 466 of December 12, 2012, which regulates researches involving human beings. It was approved by the Ethics Committee of the proponent institution according to the CAAE number 74009317.1.0000.5545. Before conducting the interviews and applying the questionnaires, the participants gave permission for participation by accepting and signing the Informed Consent Form and received a copy of this document.

## RESULTS AND DISCUSSION

### Participants' characteristics

Of the 33 education professionals participating in the study, two were male, the age ranged from 20 to 62 years, the time of work ranged from 7 to 33 years, and four educational assistants were attending undergraduate school. The data revealed that the work time of most professionals was more than 11 years. This fact demonstrates that, when the Law n. 13,146 of 2015<sup>(4)</sup>, which regulates the inclusion of people with disabilities, was established, most teachers were already part of the work field. This may be one of the reasons related to the difficulty to adapt to the new reality within the classrooms,

once subjects related to the teaching of learners with special educational needs are still scarce in the process of formation of educators.

Among caregivers, nine were mothers and one was the child's grandmother; eight were from 20 to 40 years, the degree of instruction of the family manager was, in its majority, complete basic education. A large part lived in their own house, 70% had a family income less than or equal to four minimum wages. The families were classified economically by the instrument of the Brazilian Economic Classification Criteria (CCEB) of the Brazilian Association of Research Companies (ABEP), through a validated questionnaire<sup>(12)</sup>, and the economic classification varied from A1 to E, representing high and small purchasing power of households, respectively. In the present study, the classification of families was C1, indicating low purchasing power. A study states that the low socioeconomic condition and maternal schooling are associated with greater prevalence of disabilities because, generally, people with higher income and schooling tend to adopt healthy behaviors with preventive focus<sup>(13)</sup>. Time of school inclusion ranged from one to five years and, among the services that follow up the child, they are: Basic Care, Association of Parents and Friends of Exceptional Children (APAE), State Center for Rehabilitation and Re-adaptation (CRER) and the city Polyclinic.

Of the participants, 40% mentioned the APAE as a service of child care, an institution that has a positive assessment from caregivers, especially, regarding the joint work between the special and regular schools. However, a research<sup>(14)</sup> describes the co-educational partnerships between special and regular schools as still little known or practiced in Brazilian cities.

### **(Dis)articulation between education and health professionals**

The analysis signaled a disarticulation between health and education professionals, evidencing that this disadvantages the process of inclusion of children. The education professionals expressed their need for guidelines for health professionals, to provide the care that child needs in the school environment and even on the peculiarities of disability presented by the student. In the scenario of this study, in general, the contact between these two areas happensthrough the reports, which often do not clarify all the doubts of education professionals. In addition, when they regard that some student

needs assessment, there is the referral to health care professionals and they provide guidelines for the family to seek this care. Thus, the education professionals suggest, in their speeches, the need for greater proximity between these areas, as well as the presence of the healthcare professional at the school to guide them on care activities with children and possibilities of child development.

"ID5- No. There is no exchange in these two areas. Only with the reports, right? But, I mean, we meeting the professional, getting a greater clarification, guiding us on how to act with that child, how to meet her better, to make her grow more, there I nothing. It is only the report".

"IT1- So, I think there is some, we had to come and explain: look this disability happens this way, so she needs this, needs a specific care, when takin him from the chair, you should get him like this."

The literature evidences that the collaboration among health professionals is fundamental, at schools, and the nurses, as part of the FHS team that has the schools in their action area, should be responsible and actualize the actions of the SHP Group, together with other professionals, in order to facilitate the work of educators and promote the quality of life of children. However, as demonstrated in a study<sup>(15)</sup>, only a minority of health professionals perform direct guidance and training for educators in their pedagogical work with children. In this way, the gap between these areas clearly undermine the work of educators who act without clarity and afraid of the conviviality and management of their students, besides hindering the potential development of each child.

A research found results similar to those described here and describes that the participation of health professionals, in the school environment, happens occasionally and there is lack of information exchange, which, when presented, occurs indirectly, through notebooks, sending of reports or the family<sup>(16)</sup>. Nevertheless, the teachers are unanimous when stating that bring both areas together would contribute to the management of the specificities of their students, unleashing an integral follow-up and greater safety to exercise their function.

The analysis shows that educators suggest that health professionals should schedule trainings about the disabilities and management with the child to foster the process of school

inclusion. In addition, it highlights the need for multidisciplinary, which is the support to children with disabilities by various areas of activity, since the educators see that the student's needs for his/her development exceeds the pedagogical aspect. These aspects can be identified below.

"IT2- That is what I have told you before, the city, together with education, health, preparing school professionals. Or at school or with the family, or the family taking there. If we have no time for a meeting at school, reports: Oh, the that students needs this, that and that. Sometimes, we do things thinking we think are right and wrong". "ID5- the professional in the education area, he has no skills to work certain things... issues that require working many times with these children."

As the findings of this research, there is evidence already published that the joint work of the multidisciplinary team of children with disabilities is required by the commitment they can present in more than one area of adaptation and, allied to this, early diagnosis could lead to more effective actions<sup>(17)</sup>. Thus, the joint work between education and health could facilitate the understanding of educators about the specificities of their students in the processes of inclusion and, in consequence, potentiate the development and adaptation of their teaching resources, offering new possibilities for learning.

### **The care with the child with disabilities in the UHS in the perspective of education professionals**

A delayed care can jeopardize the development of a child, causing damage to his/her whole life<sup>(17)</sup>. In the perspective of educational professionals, certain difficulties are present in the care with children with disabilities by the UHS in the scenario of study. The analysis evidenced that many families do not have economic conditions to carry out the follow-up in the complementary health and, when they manage to by the UHS, the treatment is delayed, and may not promote the child's development in all its potentiality, as shown by the statements below:

"ID6- We have some students here who need specialized treatment and the UHS is not able to afford, meet these children, who keep waiting". "ID5- yeah... We see the families' difficulty, because we talk to the families, we call them to chat, exchange ideas, sometimes to

know more about the child, what she has been doing. And... What we hear is that the city is unable to meet them. And when they manage to schedule an appointment, it is like: Sometimes, it was an emergency...they manage to schedule six, eight months ahead... And the child loses with it."

The statements indicate that, in the scenario of study, there are difficulties of calls by the UHS. The Institute of Applied Economic Research (IPEA), in a survey about the Brazilian health, revealed that there is a delay in service with or without specialist and lack of doctors<sup>(18)</sup>, in agreement with the results of this research, which reveal the difficulty of access to health services, embracement, timely care and long waiting time.

Furthermore, children need to receive a timely diagnosis. However, the teachers point out the erroneous diagnoses of the disabilities, which jeopardize the effectiveness of the demands presented by children, and the lack of knowledge about the child's diagnosis hinders the job:

"ID2- Currently, it is too publicized and there are many wrong diagnosis. The child may have a blockage, a difficulty with certain learning and is considered as disability, hence the errors of diagnosis and many undone things because of it." "ID3- I think we should those children should receive more better calls, not considering those who have never been met and have no closed diagnosis, because it depends on the public network, then when it happens, it is already a late diagnosis; as you say, the child has already lost half of the year, her school life, then it is late."

Education professionals should know the child's health situation to develop good learning strategies. Nevertheless, these professionals justify not doing so and inadequate strategies by the absence of diagnosis. These findings allow inferring that this would not be a justification to prevent the school inclusion, since, in the school inclusion, the child should be included especially with the appreciation of his/her abilities based on his/her disability. The challenges of care with the child group of this research must be considered important subsidies to plan strategies, but should not justify the non-inclusion. A research shows similar results<sup>(16)</sup>, when verifying that the teachers see in health professionals a possibility of endorsement for the work developed in the classroom, thus, the joint work between health, education professional and family is believed to be essential, so that the child has a chance to

develop, in the best possible way, his/her possibilities, but should not be seen as the only alternative.

The interviewed education professionals perceive, in the daily life of the schools, that the earlier the diagnosis, the more benefits the child will have and the more chances he/she has to develop his/her potential. They suggest the qualified health care to families of children diagnosed with disabilities, so that they can better understand the child's context and facilitate the acceptance by relatives and the care with the child. These statements are illustrated below:

"ID4- I believe that, in our country, we need to improve the quality of the service that follows up this child in the very beginning., which will provide the first care to the child, because we know how important it is to discover this disability as fast as possible, because as we find out that a child has a disability more quickly, we will know what services that child requires so we manage to stimulate her, so that she manages to have an academic life...And to follow her path just like the other children called normal".

"IT3- The parents should be met as well, because I also believe that, for parents, it is also very complicated, you know, as it is complicated for us here at school to deal with these children, so is for parents. The acceptance, dealing with, knowing, differentiating one from another, ending up comparing and all, the parents also needed a follow-up, the family needs to have a follow-up".

The analysis indicates a reference to a so-called normal standard, which can, to some extent, associate with an expectation that people with disabilities should achieve levels equal to other individuals. In this sense, the achievements of those children may not be appreciated. Considering the theoretical framework chosen<sup>(10)</sup>, one may infer that the education professionals should be motivated to problematize the school inclusion as a social right and to seek more open curricular systematizations, to dialog the grasp of common and specific knowledge by the subjects with impairment, whether physical, mental, sensory or intellectual, and those with high skills/gifted. In this process, educators must move forward and avoid reproducing a teaching logic, in which there is only one visible hand, i.e., students who bring results within the standards recommended and appreciated by the school, and the invisible hand, in which educators do not

find any meaning to teach them once they believe they are unable to produce knowledge.

In relation to health care, the caregivers reported that the care with children occurs in specialized networks, such as APAE, CRER, Association of Disabled People of Western Minas (ADEFOM) and report the lack of specialists in the UHS.

"IC2- The physiotherapists are all individual, because... The UHS physiotherapist was unaware of his problem and, sometimes, could not meet him." "IC1- The most helpful care with him is in the CRER, where he attends school... Where he does... Physiotherapy... Occupational therapy, he also does hydrotherapy." "IC7- in the APAE, we have physiotherapist, occupational therapy, motor physiotherapy, psychologist, nutritionist, speech therapist, neurologist as well. We also have ADEFOM, which is also motor physiotherapy. The CRER as well, but she goes more often to the orthopedist".

The fact that children are often met in specialized networks, can contribute to distancing them from the care offered by the FHS. Nursing, as a care science, acting in the FHS, mainly in disease prevention and health promotion should perform actions at school towards this audience. However an integrative literature review revealed several weaknesses in primary care to children with disabilities and their families, which, to some extent, contributed to professionals' lack of actions at schools, such as work overload; low communication and integration between the different professionals; lack of permanent education; assistance based on the biomedical model; lack of training, among other things<sup>(19)</sup>.

### **The family in the school inclusion context and the relationship with the school**

The analysis of the content of the interviews suggests that education professionals recognize the importance of the family in the process of school inclusion and the need for their acceptance and understanding so that they can perform their work with the child appropriately. Nevertheless, some reported the difficulty of the family's acceptance regarding the child's diagnosis and the necessary adjustments for the child, and others relate this attitude of denial with to the unawareness of the disability and the process of school inclusion, as expressed in the statements below:

"IT8- If the family does not accept, there is no way; the family is the facilitator of the situation. If they do not accept it, if they do not make the routine along with the school, because these children are the school as a whole: they are the servant, the cook, the family, they are everybody. They are the main teacher, the support teacher, the physical education teacher, they are all, everybody. The school alone is not able to do it". "IA1- The biggest difficulty is with the parents, who, sometimes, do not seek to know what the inclusion is... What the child has, what the child needs, seek help, search... Seek helping the child, because, sometimes, they do not understand, but they also do not seek."

This study shows that the articulation between the family and the school favors the process of school inclusion. The articulation between parents and teachers allows the discussion about the needs of children with chronic condition and promotes the construction of strategies that contribute to the bond and socialization with other people, strengthening the process of inclusion. Nonetheless, the school is responsible for promoting actions, in order to establish a bond with the family and thus contribute to the development of these children<sup>(20)</sup>.

The discovery of a child's disability can generate negative feelings, such as anger, despair and hopelessness due to the expectation of the family in relation to the child's development<sup>(21)</sup>. In this way, the unexpected situation experienced by the family may hinder accepting the child's condition, interfering in the process of school inclusion. There is need for health and education professionals recognize that these feelings may be present and assist the family in order to minimize the hardships faced. The analysis shows that, in some situations, the families accept the disability, but seem uninterested in the process of school inclusion. This lack of interest is also evident when the family does not seek the health care necessary for the child.

The discourses show that the dialog with the family, although scarce in the scenario of research, is still a facilitator for work at school. A challenge in the daily routine of teaching, in the perception of education professionals, is the lack of limits and rules that should be part of the education of parents with their children and, in this sense, some children have difficulties in meeting the routines and rules established by the

school. They can be identified in the statements below:

"IT11- There is a partnership between the family, the school, the professionals. Whenever necessary we seek the family, the family seeks the school, the professionals who follow these children up... Looking for the school also when necessary, we also seek these professionals; for the contact, to know how things are." "IA9- it is very difficult to make a child, in this case, even to make her follow, let's say, school rules. Even because she needs it, you cannot let her come to school, in my point of view, cannot let the child come to school and do whatever she wants to, I think she needs to know that she is in a school environment, right? With more children around her, too."

The school is recognized as a space which should give the child opportunities to develop skills that will facilitate the interaction with other children, a process geared to the socialization in general. Next to this reality is the conviction that the partnership between the family and the school enhances the learning of the child. The school inclusion is undermined by the lack of unity between parents and the school<sup>(22)</sup>.

Content analysis of the discourses demonstrates a positive perspective of caregivers in relation to the process of school inclusion. Despite the fear of some parents, at the beginning, by the feeling of insecurity when placing the child in the school, they report the good embracement reception of professionals and their interest in collaborating with the adaptations to their children.

"IC8- Well, with one year and three, four months he began school, I think it was more complicated for me as a mother, because I was afraid of what could happen, because he is a child with a low vision, he does not speak. So I think I took more time to adapt than he did, but with three months he, three, four months, he was doing well at school".

"IC7- Everything was calm, the caregivers were also helpful. They even cry when she has to go. She was the first wheelchair student to study here. They were very concerned with adapting her. There was no problem at all, everything went fine, they are attentive with her, they sought us from the beginning, especially in this school here, they made a meeting with us to be able to understand the care she needs and everything else. It is very calm. We liked a lot".

A research<sup>(23)</sup> that addressed the concept of parents about the process of inclusion confirms that there has been a positive perspective with emphasis on changes, such as the pedagogical learning, changes in behavior and happiness of the child to be in the school environment. The results of the present study corroborate these findings, since the parents showed satisfaction, especially, when realizing their children's joy and recognizing the work of professionals with their children.

The feeling of insecurity before the trajectory the child will follow, in the process of inclusion, results from the parents' assumption that the school environment is a hostile environment for their children, by prejudice, school conditions and high number of enrollments<sup>(24)</sup>. However, this fear tends to disappear when the parents accompany the teachers' dedication, in the childhood education process, and the direct effect of their work in the development of their children<sup>(15,24)</sup>.

Nevertheless, the analysis revealed a weakness in the articulation between the family and the school in the process of school inclusion. On the part of the family, some factors may influence the low participation in the child's school life, such as low self-esteem, devaluation of the school resources and the idea of the school as a holder of a formal knowledge. Furthermore, it can be related to the belief that it will interfere with the independence and autonomy of their children, unsuccessful parents' educational experience and even the financial aspects and the operation hours of the school, distancing them<sup>(25)</sup>.

## CONCLUSION

There is a weakness in the articulation between health, education professionals and families in the scenario of study in the process of school inclusion. The action of the FHS and of nurses could facilitate the process of inclusion, however, the actors involved need to be certain about the functions they can exert in the lives of these children, seeking development, as well as building together, even if all the answers are not clear. The effective insertion or articulation of nursing with the school is timely to support the education professionals, upon the needs and specific care demanded by children with disabilities. In addition, the curricula of undergraduate courses and education should

address this topic with practical and theoretical content.

Additionally, the family participation in the school context is important to achieve improvements in the child's socialization process; the multidisciplinary health team, present in the school environment, aiming to offer knowledge and greater security for educators in the conviviality with the children under inclusion process. Moreover, the provision of services by the UHS, in the scenario of study, needs to be viable, in order to contemplate the needs and demands of children with disabilities and contribute to achieving a better quality of life and their participation in the school environment.

This study evidenced the difficulties between the health and education areas in the process of school inclusion and the need to create strategies that minimize the disarticulation. Studies in this area are still incipient, justifying this descriptive research, requiring the need for further researches on the topic. Finally, the limitations of this study include the non-inclusion of health professionals and private schools.

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