

School Inclusion of Children and Adolescents with Special Needs in the Perception of Educators

Inclusão Escolar de Crianças e Adolescentes com Necessidades Especiais na Percepção de Educadores
Inclusión Escolar de Niños y Adolescentes con Necesidades Especiales en la Percepción de los Educadores

RESUMO

Objetivo: Conhecer a percepção de profissionais da educação sobre a inserção de crianças e adolescentes com necessidades de saúde especiais na escola. **Método:** Pesquisa de campo, descritiva e exploratória, realizada em 2024, em uma escola municipal da região noroeste do Rio Grande do Sul. A coleta de dados foi mediada por entrevistas semiestruturadas, transcritas e submetidas à análise temática. **Resultado:** Participaram 23 profissionais da educação, os quais enaltecem que a inclusão escolar de crianças e adolescentes com necessidades especiais é prejudicada por falhas na formação profissional, carência de recursos humanos e infraestrutura escolar. Os participantes destacam a necessidade do envolvimento das famílias no processo de inclusão. **Conclusão:** Na percepção dos educadores existem dificuldades estruturais na escola e relacionadas à escassez da rede de apoio intersetorial. Ressalta-se a necessidade de formação continuada e fortalecimento do vínculo entre escola, aluno, família e comunidade.

DESCRIPTORIOS: Criança; Adolescente; Necessidades Especiais; Inclusão Escolar; Enfermagem.

ABSTRACT

Objective: To understand the perception of education professionals regarding the inclusion of children and adolescents with special health needs in schools. **Method:** Descriptive and exploratory field research conducted in 2024 at a municipal school in the northwest region of Rio Grande do Sul. Data collection was mediated by semi-structured interviews, which were transcribed and subjected to thematic analysis. **Results:** Twenty-three education professionals participated, who emphasized that the inclusion of children and adolescents with special needs in schools is hampered by shortcomings in professional training, lack of human resources, and poor school infrastructure. The participants highlighted the need for family involvement in the inclusion process. **Conclusion:** In the perception of educators, there are structural difficulties in schools and related to the scarcity of the intersectoral support network. The need for continuing education and strengthening the bond between school, students, families, and the community is emphasized.

DESCRIPTORS: Child; Adolescent; Special Needs; School Inclusion; Nursing.

RESUMEN

Objetivo: Conocer la percepción de los profesionales de la educación sobre la inserción de niños y adolescentes con necesidades especiales de salud en la escuela. **Método:** Investigación de campo, descriptiva y exploratoria, realizada en 2024 en una escuela municipal de la región noroeste de Río Grande del Sur. La recolección de datos se llevó a cabo mediante entrevistas semiestructuradas, transcritas y sometidas a análisis temático. **Resultado:** Participaron 23 profesionales de la educación, quienes señalaron que la inclusión escolar de niños y adolescentes con necesidades especiales se ve afectada por deficiencias en la formación profesional, escasez de recursos humanos y falta de infraestructura escolar. Los participantes destacaron la necesidad del involucramiento de las familias en el proceso de inclusión. **Conclusión:** En la percepción de los educadores, existen dificultades estructurales en la escuela y relacionadas con la falta de una red de apoyo intersectorial. Se resalta la necesidad de formación continua y del fortalecimiento del vínculo entre la escuela, el alumno, la familia y la comunidad.

DESCRIPTORIOS: Niño; Adolescente; Necesidades Especiales; Inclusión Escolar; Enfermería.

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INTRODUCTION

The growing complexity of child and adolescent health conditions highlights the need for interdisciplinary approaches that are sensitive to the multiple dimensions of care. In this context, the group classified as Children and Adolescents with Special Health Care Needs (CRIANES) stands out, composed of individuals aged 0 to 18 years who are at greater risk of developing chronic conditions, physical or developmental restrictions, emotional or behavioral limitations, or disabilities of varying degrees⁽¹⁾. This categorization allows for the recognition of the diversity of demands presented, organized into six types: modified usual needs, developmental needs, technological needs, medication needs, mixed needs, and clinically complex needs⁽²⁾.

Despite their clinical and social relevance, CRIANES are part of a population segment that is often marked by economic, social, and structural vulnerabilities, facing significant obstacles in accessing health and education services⁽³⁾. In this sense, regulatory instruments such as the 2008 National Policy on Special Education from the Perspective of Inclusive Education (PNEEPEI) and the Brazilian Law on the Inclusion of Persons with Disabilities (LBI) represent advances in guaranteeing the rights to inclusive education, citizenship, and dignity⁽⁴⁻⁵⁾.

The effectiveness of these policies, however, depends on the qualified performance of health and education professionals, who are responsible for promoting the right to schooling linked to comprehensive, continuous, and humane care that recognizes and values the unique characteristics of CRIANES and their families⁽⁶⁾. Nursing, in particular, plays a central role in this process by integrating interprofessional teams and developing educational care practices that favor the inclusion and comprehensive development of these individuals⁽¹⁾.

School inclusion, therefore, is not

limited to physical insertion into regular environments, but requires structural and attitudinal changes that enable the effective participation of students. School is a privileged space for socialization, building bonds, and exercising citizenship, especially for children with complex health needs⁽¹⁻⁷⁾. It is essential to distinguish between the concepts of insertion and inclusion: while the former refers to mere presence in the school space, the latter implies the creation of equitable conditions for participation, learning, and belonging⁽⁸⁾.

The rights to education, health, and a dignified quality of life are guaranteed by the Statute of the Child and Adolescent (ECA)⁽⁹⁾. However, the invisibility of CRIANES persists, revealing a lack of specific epidemiological data and the absence of public policies aimed at this population. The National Policy for Comprehensive Child Health Care (PNAISC), still in its infancy in this regard, proposes actions such as the Singular Therapeutic Plan (PTS), the Home Care Service (SAD), and dehospitalization strategies, coordinated with the Health Care Network (RAS)⁽¹⁰⁾.

From the perspective of education professionals, studies show ambiguous feelings about inclusion: although they recognize its importance and report rewarding experiences, they also point to limitations in institutional support and continuing education, which compromises the effectiveness of inclusive teaching practices⁽¹¹⁻¹²⁾.

Recent data point to the magnitude of the issue: a survey conducted in three Brazilian municipalities found that 25.3% of the children assessed had some special health need, representing approximately one in four children⁽⁴⁾. This data highlights the urgent need for consistent public policies, qualified listening, and effective intersectoral actions.

Given this scenario, it is essential to understand the reality experienced by education professionals working in in-

clusive contexts. Knowing their perceptions makes it possible to highlight their role in the process of school inclusion of CRIANES, as well as to identify the challenges faced, the strategies adopted, and the paths to be followed to consolidate equitable and humanized education.

In view of the above, the question arises: What is the perception of education professionals regarding the inclusion of children and adolescents with special health needs in schools? Thus, the objective is to understand the perception of education professionals regarding the inclusion of children and adolescents with special health needs in schools.

METHOD

This is a qualitative field study with a descriptive and exploratory design, linked to the matrix project Nursing Care and Health Education with Children and Adolescents in Schools. The qualitative approach proved to be appropriate for capturing, in depth, the perceptions of education professionals regarding the inclusion of CRIANES in the school context.

The study followed the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ), which brings together 32 criteria organized into three domains: characterization and qualification of the research team, methodological design, and data analysis⁽¹⁵⁾.

The investigation was conducted in a municipal public school located in a region of recognized social vulnerability in the northwest of Rio Grande do Sul, Brazil. The institution offers full-time education, covering Early Childhood Education, Elementary Education, and Specialized Educational Services (AEE), and has 27 teachers and five monitors.

Education professionals who worked or had worked with CRIANES participated. Those who were absent during the data collection period were excluded. Participants were selected using the

snowball sampling technique, a strategy that allows reaching subjects with specific knowledge about the phenomenon studied, being especially effective in hard-to-reach groups⁽¹⁶⁾.

Data collection took place between September and November 2024, through individual interviews based on a structured script containing sociodemographic questions and 18 semi-structured questions, previously tested in a pilot study. The interviews, with an average duration of 40 minutes, were conducted in a private room at the school, recorded in digital audio, and transcribed in full using Microsoft Word® software.

Data saturation was identified when the discourse began to repeat itself without adding new relevant information⁽¹⁷⁾. For analysis, we adopted the thematic analysis technique⁽¹⁸⁾, conducted in three stages: 1) Pre-analysis – careful listening to the recordings, skimming through the transcripts, and organizing the material, using color coding to highlight recurring passages; 2) Exploration of the material – identification of core meanings and analytical categorization of the data; 3) Treatment and interpretation – critical analysis in light of the scientific literature, enabling the construction of inferences and reflection on the limitations of the study.

To ensure anonymity, the interviewees were identified by the letter P for participant followed by a sequential number. The research complied with the ethical principles established by Resolution No. 466/12, Resolution No. 510/2016, and Law No. 14,874/2024⁽¹⁸⁻²⁰⁾, and was approved by the Research Ethics Committee of the Federal University of Santa Maria, under No. CAAE 30731320.7.0000.5346 and opinion No. 5.768.087.

RESULTS

Twenty-three education professionals participated in the study, including 12 teachers and 11 monitors. There

was a predominance of females (n = 21), aged between 17 and 50 years. One of the participants, a minor, was employed by the Center for Business-School Integration (CIEE).

Regarding self-declared race, 15 identified themselves as white, seven as brown, and one as black. Regarding socio-affective status, 13 were married, seven were single, two were in stable relationships, and one was divorced.

In terms of education, 15 had completed higher education, two had technical education, three had high school education, and three had elementary school education. Of the total, 11 had postgraduate degrees, but only four had specific complementary training for working with CRIANES.

The length of professional training varied between 2 and 21 years, while the length of service at the school where the research was conducted ranged from 2 months to 33 years. Regarding the population served, 15 worked with children, two with ado-

lescents, and seven with both.

Regarding their preparation for working with CRIANES, only eight professionals reported feeling capable, while the majority (n = 15) stated that they did not consider themselves prepared, pointing to weaknesses in their training and the need for specific qualifications for this demand. Based on the analysis of the participants' statements, it was possible to construct two categories: "Difficulties in including CRIANES in school" and "Inclusion of CRIANES in school."

DIFFICULTIES IN INCLUDING CHILDREN WITH CRIs IN SCHOOLS

The study participants spoke about the difficulties of including CRIANES in school. In order to summarize the categories of this study, a word cloud was created, which is presented in Figure 1.

FIGURE 1 - Difficulties in including CRIANES in school . Palmeira das Missões, Rio Grande do Sul, Brazil, 2024.



Source: Research data, 2024.

Figure 1 reveals the need for classroom preparation, strategies to adapt the environment, and the need for monitors and teachers to work with CRIANES. The above statements by participants reveal the difficulties faced in the school environment for the inclusion of CRIANES in this scenario.

When there is no assistance, during the four hours that the child is there, there is no inclusion, you cannot include them in classroom activities. (P1)

We have to improve a lot, in general, we don't know anything about how to include these children. (P2)

They have no training, neither the teachers in the classroom nor the monitors who come to work with these children at school. (P5)

In addition to the numerous difficulties for inclusion, such as training and preparation to work with CRIANES in regular schools, there are also problems with the physical structure of regular schools to accommodate the different special health needs of this population.

Inclusion isn't just about taking a child with a disorder and putting them in a classroom. If the classroom isn't suitable for them, there's no one qualified to teach them. (P14)

We need to consider that there is no adequate structure to welcome them in the way they deserve. Are we going to leave them locked up in a small room? (P21)

The participants' statements highlight the lack of infrastructure in schools, the need for specific training for teachers and monitors to work with CRIANES, as well as the problems that are part of the inclusion process. There is also a shortage of monitors to work with this population in regular schools.

When you have more than one spe-

cial health condition in your classroom and only one monitor, you can't include them. Because one monitor taking care of three at the same time doesn't allow the teacher to work. (P1)

It is very difficult to have one monitor for each special student, it is very complicated. (P15)

Participants also describe the lack of specialized health care for CRIANES in the municipality, as shown in the following statements.

The demand is very high, and there is not enough care to meet all the demand. (P1)

There is no support network to refer them to. (P16)

There is a shortage of health care places for CRIANES in the municipality, which highlights the need to develop and expand the coverage of trained professionals to care for them.

INCLUSION OF CRIANES IN REGULAR SCHOOLS

The interviewees reveal their perspectives on the inclusion of CRIANES in school. Figure 2 below presents a summary of the second category constructed from the participants' statements.

FIGURE 2 - Word cloud of the category Inclusion of CRIANES in school. Palmeira das Missões, Rio Grande do Sul, Brazil, 2024.



Source: Research data, 2024.

In Figure 2, it is possible to note the adaptation of children and/or adolescents with their teachers, the inclusion of a support network, citing active families in this inclusion process.

Participants mention that the inclusion of CRIANES in the school environment, in practice, does not happen in the most appropriate way:

They are in the classroom to so-

cialize, they are not included. We do our best. So much so that they have a reduced schedule. (P4)

Sometimes they end up getting lost in the middle of the class. (P7)

There is disguised inclusion, which is only inside the classroom and is separate. (P17)

Sometimes some have more difficulty than others in the classroom, so they fall behind, and they them-

selves feel excluded. So, instead of being inclusion, it ends up being exclusion. (P20)

It is observed that, in the discourse of teachers and monitors, the inclusion of CHILDREN with special needs does not occur effectively, since the proposed activities do not always meet the needs of this population.

I think that in a classroom, especially in the early and final stages, inclusion is more difficult. (P13)

In elementary school, I think we still have a lot of work to do to achieve effective inclusion. (P21)

At school, I think it's very difficult. There are some who don't stop and distract the other students. (P22)

I find it difficult to fully include them in the school environment. (P23)

The process of including CRIANES proved to be more feasible and accessible in early childhood education, especially in daycare centers, than in elementary school. Monitors and teachers reported that, throughout the school year, both students and professionals underwent a gradual process of adaptation to the demands of the inclusive context.

Despite so many difficulties, we do what we can. I have to believe that we are inclusive. (P8)

Each person is unique, and we need to see beyond what they can give us. (P9)

The child, the teacher, and the monitor are adapting... (P13)

The empathy of education professionals in the process of working with CRIANES, even with the difficulties encountered along the way. At the same time, the interviewees highlight the importance of the support network for these children and adolescents.

What is lacking is structure, perhaps from the family, a routine... (P3)

We need to understand that each

person is unique, each has their own window, their own perception, and we need to address the family issue. (P9)

This family also needs to be treated, needs to be evaluated, because one thing is directly linked to another. (P21)

The findings show that the presence of an engaged family, combined with a well-structured intersectoral support network, is fundamental for the integral development of CRIANES and for their effective inclusion in the school environment.

DISCUSSION

The study reveals that one of the main difficulties in welcoming CRIANES into regular schools is the lack of preparation of education professionals. These educators often seek, on their own, methodologies focused on the specificities of students, their health needs, and the fundamentals of inclusive education. The importance of continuing education to expand knowledge and promote significant changes, ensuring equity in teaching and greater security in the teaching profession in relation to the special needs of students, is highlighted⁽¹²⁾.

The study observed that some monitors are still minors and/or in high school, a reality observed in this research. A study conducted in Rio Grande do Sul identified the presence of high school interns working as monitors in public schools through an agreement with CIEE-RS, via a municipal selection process⁽¹³⁾.

INEP data indicate an increase in the enrollment of students with disabilities, ASD, or high abilities in regular classes: from 484,332 in 2010 to 1.3 million in 2019, reaching 1.8 million in 2023. The proportion of these students served by Specialized Educational Services (AEE) rose from 40.6% in 2019 to 42% in 2023⁽¹⁴⁻¹⁶⁾.

These data reinforce the need to train education and health professionals to adequately serve CRIANES⁽¹²⁾.

Effective inclusion requires schools to offer adequate working conditions and promote the continuous training of their professionals. Otherwise, results tend to be limited. The lack of adequate physical infrastructure and monitoring, as pointed out by participants, constitutes a significant barrier to inclusion.

The National Education Plan (PNE) sets goals such as increasing the enrollment of students with disabilities in regular classes, training teachers for inclusion, and ensuring access to and retention in regular education. In addition, the Accessible School Program offers financial resources for improvements in public school infrastructure, including the acquisition of accessible teaching materials, assistive technology equipment, and renovations to ensure accessibility.

The Brazilian Inclusion Law (Law No. 13,146/2015) establishes the mandatory provision of school support professionals for students with disabilities. These professionals assist with feeding, hygiene, mobility, and participation in school activities, without assuming functions exclusive to other legally regulated professions⁽⁴⁾. They are essential to supporting teachers' work and strengthening inclusion.

The participants' statements also indicate that many CRIANES do not feel they belong at school, which reinforces the need for the institution to adapt to their demands, and not the other way around. An inclusive environment must ensure safety, acceptance, and a sense of belonging for all children⁽²¹⁾.

Teachers and monitors showed empathy and concern for the inclusion process, emphasizing the importance of adapting students to the regular classroom.

“ Inclusion should begin with identifying each student's needs and strengthening interpersonal relationships within the school, promoting open interactions free of stigma and stereotypes⁽²²⁾. ”

Professionals also reported the importance of a structured support network that offers theoretical and practical resources to meet the different demands of students and involves families in the process. The partnership between school and family is essential for the physical, cognitive, social, and emotional development of CRIANES⁽²³⁾.

The support structure for the inclusion of CRIANES involves the institutional network—formed by health, education, and specialized service professionals—and the family network, composed of direct guardians. Coordination between schools, families, and health services is essential to promote integral development, reduce barriers, and ensure the well-being and quality of life of students⁽²³⁻²⁵⁾.

Effective school inclusion depends on the engagement of all actors: schools, families, health professionals, and public authorities. In this context, nursing plays a strategic role in mediating between the health and education sectors, strengthening links, and promoting inclusive practices⁽¹⁾.

The school inclusion of children with special needs is a right guaranteed by law, which requires collective and intersectoral efforts. However, it is still fragile, highlighting the need for structural, political, and pedagogical reorganization of school institutions and their maintainers. Regarding the limitations of this study, it should be noted that the data refer to the reality of a single municipal school and cannot be generalized to other contexts.

CONCLUSION

The main barriers to the inclusion of CRIANES in schools are related to the shortage of qualified human resources, the precarious infrastructure of educational institutions, and the lack of effective family involvement.

These factors compromise the effectiveness of the inclusive process and highlight the need for continuing education for education professionals, as well as the establishment of a support network capable of addressing the specific needs of this population.

Professionals perceive that CRIANES feel a sense of not belonging in the school environment, which negatively impacts their retention and development. In this sense, the importance of an integrated intersectoral network, composed of family, school, and health services, is emphasized. The inclusion of nursing professionals in the school context is considered strategic due to their potential to promote care, prevention, and pedagogical support, contributing in an interdisciplinary manner to effective inclusion.

In view of the findings, it is recommended that intersectoral practices be strengthened through specific public policies aimed at CRIANES, with a focus on teacher training and the expansion of support networks. We also suggest conducting further research, especially in the field of nursing, and developing teaching and extension projects that promote training and awareness among education professionals, favoring the construction of school environments that are more inclusive, equitable, and responsive to the unique characteristics of this group.

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