

INCLUSIVE EDUCATIONAL POLICIES AND INTERSECTORALITY WITH SOCIAL POLICIES: BRAZIL/CANADA INTERFACES

POLÍTICAS EDUCACIONAIS INCLUSIVAS E A INTERSETORIALIDADE COM AS POLÍTICAS SOCIAIS: INTERFACES BRASIL/CANADÁ

POLÍTICAS EDUCACIONALES INCLUSIVAS Y LA INTERSETORIALIDAD CON LAS POLÍTICAS SOCIALES: INTERFACES BRAZIL/ CANADÁ

Rosana Carla do Nascimento GIVIGI¹
Denise Meyrelles de JESUS²
Raquel Souza SILVA³
Juliana Nascimento de ALCÂNTARA⁴

ABSTRACT: Globalization and changes in production and knowledge processes have greatly affected contemporary societies. Structural inequalities in distance education have triggered the discussion on the inclusion of minority groups. Believing in education as a public right, the objective of this study was to analyze inclusive educational policies and its intersectorality with social policies by comparing two countries: Brazil and Canada. Methodologically, this is a Comparative Education study that examined policies aimed at people with disabilities, such as normative documents regarding special education and a set of social policies. Brazil has increased social policies and school inclusion, but the current political moment has been a setback to school exclusion, decreasing social policies. Canada, on the other hand, has ensured inclusive social and educational policies, despite facing political and economic challenges.

KEYWORDS: Person with disability. Intersectorality. Inclusive educational policies. Social policies. Comparative education.

RESUMO: *A globalização, as transformações nos processos de produção e de conhecimento causaram grandes impactos nas sociedades contemporâneas. As desigualdades estruturais dispararam na educação a discussão sobre a inclusão de grupos minoritários. Acreditando na educação como um direito público, esse estudo objetivou analisar as políticas educacionais inclusivas e a intersectorialidade com as políticas sociais em uma perspectiva comparada, nos dois países: Brasil e Canadá. Metodologicamente situa-se na área da Educação Comparada. Foram estudadas as políticas voltadas para pessoa com deficiência, no caso os documentos*

¹ Federal University of Sergipe (UFS), Aracaju – SE – Brazil. Associate Professor in the Department of Speech Therapy and the Postgraduate Program in Education (PPGED). Doctorate in Education (UFES). ORCID: <https://orcid.org/0000-0001-6592-0164>. E-mail: rosanagivigi@gmail.com

² Federal University of Espírito Santo (UFES), Vitória – ES – Brazil. Full Professor at the Department of Political Education and Society and in the Postgraduate Program in Education (PPGE). Doctorate in Educational Psychology (UC System) – United States. ORCID: <http://orcid.org/0000-0001-7966-5424>. E-mail: jesusdenise@hotmail.com

³ Federal University of Sergipe (UFS), Aracaju – SE – Brazil. PhD student in the Postgraduate Program in Education (PPGED). ORCID: <http://orcid.org/0000-0002-6285-0698> E-mail: fgaraquelsouza@gmail.com

⁴ Federal University of Sergipe (UFS), Aracaju – SE – Brazil. Doctorate in Education. ORCID: <http://orcid.org/0000-0001-8564-673X>. E-mail: fga.julianalcantara@gmail.com

normativos da Educação Especial e de um conjunto de políticas sociais. Constatou-se que o Brasil passou por um momento de crescente apoio das políticas sociais e da inclusão escolar, e que o atual momento político aponta para um retorno da exclusão escolar e de redução da garantia de políticas sociais. Enquanto que o Canadá, mesmo enfrentando desafios de ordem política e econômica, tem garantido políticas sociais e educacionais inclusivas.

PALAVRAS-CHAVE: *Pessoa com deficiência. Intersetorialidade. Políticas educacionais inclusivas. Políticas sociais. Educação comparada.*

RESUMEN: *La globalización, las transformaciones en los procesos de producción y conocimiento causaron grandes impactos en las sociedades contemporáneas. Las desigualdades estructurales dispararon en la educación la discusión sobre la inclusión de grupos de minoría. Creyendo en la educación como un derecho público, este estudio objetivó analizar las políticas educacionales inclusivas y la intersectorialidad con las políticas sociales en una perspectiva comparada en los dos países: Brasil y Canadá. Metodológicamente se localiza en la área de Educación Comparada. Fueron estudiadas las políticas vueltas a las personas con discapacidad, en el caso los documentos normativos de la Educación Especial y de un conjunto de políticas sociales. Se constató que el Brasil pasó por un momento de creciente apoyo de las políticas sociales y la inclusión escolar, y que el actual momento político apunta para un retorno de la exclusión social y reducción de la garantía de las políticas sociales. Mientras Canadá, mismo frente a retos de orden político y económica, ha garantizado políticas sociales y educaciones inclusivas.*

PALABRAS CLAVE: *Personas con discapacidad. Intersetorialidad. Políticas educacionales inclusivas. Políticas sociales. Educación comparada.*

Introduction

The capitalist mode of production has undergone several transformations over the years. Capitalism in different historical phases presented different guises, the neoliberal model started to exercise a certain hegemony on a world scale, more expressively since the 20th century. Free trade, investment and capital accumulation policies promoted a cruel process of commodification of social relations (NASCIMENTO; BARROS, 2018).

Among the possible consequences of liberal policies, we can mention the State focused on guaranteeing individual rights, with actions that are not governed by principles of social justice. Another clear result of this system is the decrease in social protection, the expansion of poverty and social inequality. Regardless of the actions of international organizations, capitalism continues unbridledly producing more inequality and exclusion (GATTERMANN; POSSA, 2018).

Social education was born as a response to social exclusion and emerged as a concept in 1990, at a time of growing evidence of neoliberal policies. In Europe, it is the result of the

post-war period and the need for an education that would serve the orphans of this war, and only later did social education become concerned with people in vulnerable situations, therefore with the excluded students (FERREIRA; DE JESUS SANTOS, 2019).

In Latin America, social education arises from the concern of educators with children at risk. Specifically, in Brazil, it is structured in the period of redemocratization of the country, as a qualified education for socially vulnerable children. It has as principle the recognition of the students' different experiences, not being restricted only to academic contents (FERREIRA; DE JESUS SANTOS, 2019).

In North America, this movement follows different paths. We will restrict ourselves to Canada. Since the beginning of the 20th century in this country, there have been records of basic education programs for groups of people in situations of vulnerability, at that time organized by Frontier College, which taught people in the fields. After World War II, with urban growth, many social problems were unleashed. Several alternatives were created to solve the issues, among them the Company of Young Canadians (CYC) program became well known, with great federal funding and with the objective of helping people who were out of formal education (RICK *et al.*, 1985).

Canada has lived with a large number of immigrants since the beginning of its development process, which has meant that its population has made efforts to live with cultural differences, and in a way that created an environment conducive to diversity policies. The country has been recognized for its defense of cultural, ethnic-racial, gender and sexual orientation diversity. It is also recognized as one of the pioneering countries in the policies for the inclusion of several vulnerable groups, including the disabled (SIDER *et al.*, 2019).

As a synthesis, it can be said that social education seeks social and pedagogical actions that face the marginalization of vulnerable groups. For this, it articulates formal pedagogical practices with informal ones, both inside and outside the school. Many authors consider that the subjects of this education are those who alone would not be able to leave the place of vulnerability and who need education to recognize themselves as a subject of rights (PEREIRA, 2016; FERREIRA; DE JESUS SANTOS, 2019; MANICA, 2017).

The living conditions of the people of each country will be determined by the economic and social factors of the population. Social indicators such as work and income, social security, poverty, income inequality, health, education, basic sanitation and housing, public security and violence, are used to analyze living conditions. The more positive these indices are, the greater the social well-being and, consequently, is expected to result in greater social inclusion (UNDP, 2019).

So, in this logic, who are the excluded? Those with negative social indicators and, therefore, that are far from being "competitive". For them, low functions will remain within the production system. In this case, income inequality becomes a great justification for the creation of social policies for the excluded. "Excluding is both the action of pushing away and not letting in" (CURY, 2005, p. 14, our translation).

The purpose of this article is to analyze inclusive educational policies and the intersectorality with social policies in a comparative perspective, in the two countries: Brazil and Canada. It is believed that when reflecting on policies, their principles and contradictions, the processes experienced in both countries may point out ways to implement policies that are committed to social justice.

The International Comparative Study in Education

The Comparative Study in Education seeks to understand the different discourses and practices existing in the investigated contexts. It dialogues with different theoretical and methodological references, making approximations and distances from the studied realities. With the changes in the globalized world and so many changes in society, Comparative Education has become more complex, and what is being observed is "the growing 'transnational regulation' of education systems by supranational organizations (BM, UNESCO, OECD) and, at the same time, the attempt to reconstruct the intranational identity spaces" (CARVALHO, 2014, p. 229, our translation).

A varied number of approaches have occurred recently in the area of Comparative Education, where the following stand out: the analysis of the world system, the post-structuralist, the neo-Marxist theories, the critical theory, among others. Carvalho (2014) highlights two major trends in Comparative Education: one with a microanalytical focus, from an intranational perspective; another with a macroanalytical focus, from a global perspective. Our proposal will be for a dialectical analysis in the field of Comparative Education, in a process of recognizing similarities and differences (JESUS *et al.*, 2019).

To help us look at these processes we will use the construction of maps of Brazil and Canada through the mechanisms of the scales. The scales define how the phenomenon will be seen, if the desire is for what is micro/singular, the large scale will be used, and if it is the macro/global, the small scale will be used (JESUS *et al.*, 2019).

Brazil is a Federative Republic, with a central government, all states are subject to the laws of the federation. In Canada, the provinces have a certain degree of autonomy in relation

to the federal government, with their own systems and laws; for this reason we have defined the province of Ontario as our field in Canada. In this way, the small scale will be represented by Brazilian and Ontario-CA legislation.

Normative and guiding documents for Special Education/School inclusion and social policy documents

To map school inclusion policies, national laws, regulations, and guidelines were analyzed. For this investigation in Brazil we used the official website of the Ministry of Education and other official websites; in Ontario-CA, the Ministry of Education⁵ website and the official government website⁶.

Educational policy alone is unable to cope with the diversity of issues that permeate inclusion. Intersectoral arrangements are important in combating inequality, hence the importance of discussing social policies. Among the policies responsible for guaranteeing social protection for people with disabilities, we chose health and social assistance policies, due to the important link with ensuring the education of people with disabilities.

After an initial analysis of educational policies regarding special education, from the perspective of inclusive education in both countries, the decision was made to analyze the central policy documents. The same was done with documents related to health and social assistance policies; the selected documents are in table 1.

Table 1 – Legislation, regulations and guidelines

BRASIL	ONTARIO-CA
Resolution No. 2, 11 September 2001 Institutes National Guidelines for Special Education in Basic Education.	Education Amendment Act, 1980 - Bill 82
National Special Education Policy from the Perspective of Inclusive Education (2008)	Policy and Resource Guide. Special Education in Ontario, Kindergarten to Grade 12. Support Every Child, Reach Every Students. Ontario, 2017. ISBN 978-1-4606-9592-0. (2017)
Decree 7,611 of 2011 Provides for special education, specialized educational assistance and other measures (2011).	Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, S.O. 2008, c. 14
Law no. 13,146 (2015) that instituted the Brazilian Law for Inclusion of People with Disabilities. Brasilia, 6 July 2015.	Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1
Organic Law on Social Assistance, no. 8,742, 7 September 1993.	Ontario Disability Support Program Act, 1997, S.O. 1997, c. 25, Sched. B.
Decree no. 6214 of 2007. Regulates the Continuous Provision Benefit of social assistance due to the	Canada Health Act (R.S.C., 1985, c. C-6) https://laws-lois.justice.gc.ca/eng/acts/c-6/

⁵ Available: www.ontario.ca/edu. Access: 10 Sep. 2020.

⁶ Available: <https://www.canada.ca/en.html>. Access: 10 Sep. 2020.

disabled person and the elderly. Add Decrees no. 6,214/2007, no. 6,564/2008 and no. 7,617/2011, Ordinance 374/2020.	
Law no. 8,080, 19 September 1990. Provides for the conditions for the promotion, protection and recovery of health, the organization and operation of the corresponding services. Diário Oficial da União, Brasília, DF, 19 Sep. 1990. Section 1.	

Source: Official websites of the Brazilian government and the government of Ontario- CA.

Intersectorality between Inclusive Educational Policies and Social Policies

The intersectorality of services is part of the State's policies, which will determine how the parts of the systems will work and the need for each system. Even if the problems manifest themselves in certain sectors, the solutions, almost always, depend on joint actions, encompassing different policies. The challenge for many countries has been to build public policies that articulate the sectors, in order to overcome fragmentation in social structures. Intersectoral actions can contribute to improving the population's living conditions. These services will be configured as segments that develop actions and assistance needed by the population (WANDERLEY; MARTINELLI, 2020).

The organizational practices of the sectors need to establish communication flows, define strategies that increase the social protection systems to the vulnerable strata of society. Intersectorality in policies is essential when social issues worsen: only transversality can meet the varied demands generated by inequality (WANDERLEY; MARTINELLI, 2020).

Brazil is a country with serious socioeconomic inequality. Brazil's Gross Domestic Product (GDP) in 2018 was R\$ 6.9 trillion and ranked 79th in the Human Development Index (HDI) ranking. The country has the 2nd highest concentration of income in the world, with 1/3 of all wealth in the hands of the richest 1%, 25.3% of the population living below the poverty line and 6.5% in the extreme line poverty (UNDP, 2019). Canada's GDP was approximately US \$ 1.627 trillion, ranking 13th in the HDI ranking, with only 8% of the population living below the poverty line and without presenting data on extreme poverty (UNDP, 2019).

Cattani (2006) highlights the similarities between the two countries: the presence of natural wealth; the influence they received from the Catholic Church; receiving migrants who are not qualified for work; the dependence on European settlers. However, the way in which economic and political processes were conducted led countries to take completely different paths.

In short, some differences in history are highlighted: Brazil had a colonization of exploitation; Canada was of settlement; Brazil had a long period of slavery, with consequences

for social relations; Canada had a short period of slavery; and the difference in demographic growth: Brazil in 100 years increased its population by 659%, while Canada increased by 540% (CATTANI, 2006).

In a movement to construct the maps, through the small scale the laws or regulations of Brazil and Canada, specifically the District of Ontario, were analyzed. We seek to understand the dynamics of intersectorality in both countries and the way that the systems are interrelated to serve the target audience of Special Education. For that, inclusive educational policies and social policies were analyzed, specifically social assistance and health policies.

Inclusive Educational Policies

From various international agreements, different countries have outlined common goals to face the challenge of meeting everyone, with their different needs, in the common school (EMELYANOVA *et al.*, 2020). The guarantee of the right to education for all was lived differently by the countries, and the policies instituted were the result of the historical trajectory of each country (JESUS *et al.*, 2019).

In the Brazilian context, the recognition of the difference was the result of discussion and practices from different countries, which led to the inclusive school movement (SILVA *et al.*, 2019). In Brazil, the target audience of Special Education is made up of people with disabilities and global developmental disorders. The following stand out as documents that corroborate the current situation of Special Education: the National Guidelines for Special Education in Basic Education (BRASIL, 2001); guiding document National Policy on Special Education in the Inclusive Perspective (2008); Decree 7,611 of 2011, which provides for special education, specialized educational assistance; among others (ZILIOTTO; GISI, 2018).

Over the years, public educational policies aimed at special education have developed slowly. Currently, there is a significant advance for people with disabilities at school and in social spaces, however, many studies point to the lack of coordination between pedagogical practices, management work and support services, as recommended in current educational policies. (BORGES *et al.*, 2019; ANDRADE; GOMES, 2019).

Another Brazilian issue is that a significant portion of people with disabilities are not having access to schooling (ZILIOTTO; GISI, 2018) and many who are in school do not receive the educational assistance they need, in addition to services from other sectors, such as health.

Recently, in 2019, the Brazilian government released a reform of the National Special Education Policy for the year 2020. Researchers in the area and members of the movement are

severely critical of the reform that proposes the removal of the “inclusive education perspective” in politics national level, and the flexibility of educational systems. The justification of the Jair Bolsonaro government is to guarantee democracy, but the reopening of special schools, special classes, among others, marks a major setback in inclusive education, going against the world perspective.

In Canada, the majority of students (94.0%) attend public schools (STATISTICS CANADA, 2018). Ontario's educational policy emphasizes that only public education can create a just and prosperous society. Special Education is regulated by the Ontario district policy (ON, 2017). According to the latest statistics, the number of students targeting Special Education in the district is 17% in elementary school and 27% in secondary school (STATISTICS CANADA, 2018). The high rates are explained by the fact that to be attended by special education it is not necessary to have a formal diagnosis, even without diagnosis the student who presents significant difficulties receives support and Individual Education Plans (IEPs). According to statistics, 50% of students who have an IEP do not have a formal identification (ON, 2017). These students may have learning difficulties or may simply need extra help, there is a wide range of support and interventions. Students who are formally identified fall into at least one of the five categories recognized by the province, which are: behavioral, communication, intellectual, physical or multiple disabilities.

Special Education is organized in Ontario with a distribution of functions between the Ministry of Education, School Council, Special Education Advisory Committee, school principal, teacher, special education teacher, early childhood educator, parents, and students (ON, 2017).

One of the aspects that makes Canada stand out in terms of education is the low influence of socioeconomic differences on student performance. According to the OECD exam, PISA (Programme for International Student Assessment), the variation is only 9%, small even when compared to countries like France and Singapore, for example. With a consistent education system, there is little difference between rich and poor students, and also between schools (OECD, 2018).

It is also worth noting that in Ontario special education has a specific fund for infrastructure, equipment and materials, and another for human resources. In addition to teachers, specialized professionals and professionals who will accompany the student pedagogically at school are also financeable, often being a professional for a student (SIDER *et al.*, 2019).

It is possible to verify that the policy is the result of a mature reflection of the learning processes of people with disabilities. It cannot be forgotten that in Canada there are almost 30 years of experience with these students in public and quality school.

However, regardless of the scope of educational policy in Brazil or Canada, people with disabilities will need certain supports, and this demand is very varied. As it is not possible to disentangle education from other policies and living conditions, people with disabilities living in Brazil will be more vulnerable compared to people with disabilities in Canada, where there is a higher human development index (HDI) and higher guarantee of human rights (DANTAS, 2017).

Social Assistance Policies

We are in the 21st century and we are experiencing the contradiction of great technological development and at the same time of the deterioration of the human. Inequality, social exclusion, are factors that further aggravate the situation of people with disabilities. The State in this case should create opportunities for everyone with social public policies that guarantee social well-being (MARCHELLI, 2016).

Following the indexes of the Organization for Economic Cooperation and Development (OECD), it can be seen that Canada, especially in the 21st century, was challenged by the new and growing inequality, whose characteristics are the rich who get richer and in return a stability or decline poverty rates. According to Banting and Myles (2016), the country faces three battles to propose answers to the problem of inequality, the first is centered on ideas, which propose a change in investment that should be in human capital, and not redistribution of income. Hence the valuation of the education of children and young people, as well as professionalization programs for the labor market. In the field of ideas, many other measures arise, such as the issue of taxes and redistribution.

The second battle that would be of organized interests, in this case, there is a weakening of the defense organizations to the economic interests of low-income Canadians. Ottawa concentrates political power in the Office of the Prime Minister and also the Department of Finance, but over the years power has shifted from the federal to the provincial level (BANTING; MYLES, 2016).

The third and final battle described by the authors is that of political parties. The parties seek to bypass regional and linguistic divisions. There are many negotiations for the development of social public policies. As of 2015, a reformulation in the face of poverty has

been discreetly initiated, since then the country has been looking for a new direction of social policy.

The Canadian State is concerned about the situation of poverty and vulnerability of certain groups, which is why the Government of Canada financially supports the provinces and territories. Four major transfer programs are highlighted: Canada Health Transfer (CHT), Canada Social Transfer (CST), Equalization and Territorial Formula Financing (TFF) (ROY, 2016a).

CHT supports the health care policy and the principles of the Canadian Health Act, which are: universality, scope, portability, accessibility and public administration. CST is a system of administration and transfer of social resources, therefore responsible for the Basic Social Assistance (ASB) programs, including education, social assistance and social services, emphasizing the care of children. The largest federal budget for social programs is allocated to CST (ROY, 2016b).

The Equalization and TFF programs are intended to support public services, in which case Equalization transfers resources to the provinces and the TFF provides resources to territorial governments.

In Brazil, the 1988 Constitution of the Republic ensured social rights for people with disabilities, and from the Organic Law on Social Assistance, social assistance policies were defined, organized as a decentralized management system. This policy should benefit everyone in an unfavorable socioeconomic condition, in a situation of exclusion (ABREU *et al.*, 2020).

One of the forms of support for people with disabilities, provided for in Brazil in the Organic Law on Social Assistance (LOAS, Portuguese initials), Law 8,742, 7 December 1993 and in Decree No. 6,214/17, is the Continuous Payment Benefit (BPC, Portuguese initials) paid by the Federal Government. BPC is one of the most important financial resources for people with disabilities in situations of social vulnerability. Recently, Ordinance 374/2020 expanded the right of people with disabilities to benefit. Another instrument that aims to guarantee the rights of people with disabilities is the Brazilian Law for the Inclusion of Persons with Disabilities, with which Brazil has committed itself to eliminate barriers, create rehabilitation mechanisms and seek full inclusion.

With the guarantee of rights, the schooling of these children, access to public spaces and especially the change in the way of seeing the deficiency of the biomedical paradigm to the social paradigm enter the social agenda. However, Brazil under the Lula and Dilma government has advanced in the achievement of some social rights, such as guaranteeing access to school, but it still fails in the quality of service provision. The social assistance policy in Brazil needs

to be strengthened so that it can effectively contribute to the reduction of inequalities (ABREU *et al.*, 2020).

Since the impeachment of President Dilma Rousseff, social movements and the social protection network have weakened. As a result, there is a break with the inclusion and regression policies in the values of the Social Welfare State. The social protection network goes through a process of destruction that results in loss of social rights, as is the case with social security reform (Constitutional Amendment 103, 2019); of social services that are privatized; the decrease in resources for SUS; the termination of social programs; the attack on rural, indigenous and black workers, LBGTQI +, people with disabilities (COHN, 2020).

The weakening of social policies takes Brazil back to the Hunger Map, to the increase in criminalization and violence, to social alienation, with an exclusion marked by poverty and difference (COHN, 2020).

Health Policies

Despite the different economies, both countries have public and universal health systems, with Canada starting in the late 1940s and Brazil in the late 1980s. The two countries have wide differences in the per capita level of health spending and health outcomes. In Brazil, 8.9% of the GDP is invested in health, with the government spending \$ 595 on health per inhabitant/year; while Canada invests 10.45% and the government spends \$ 3,383 on health per capita/year (GBD, 2015). Considering Healthcare Access and Quality, Canada, in 2015, presented HAQ of 87.6, while Brazil obtained HAQ of 64.9 (HAQ Index, health care assistance quality indicator - scale from 0 to 100) (GBD, 2015).

In both Brazil and Canada, the legislation provides for comprehensive health care. The divisions of public services in Brazil are by health regions, where groupings of municipalities are made; in Canada, clusters are also made, separated geographically, forming the Regional Health Authorities (RHA).

Another difference between countries is in the management of the health system. In Canada, management is done by the provinces, with differences in remuneration and provisions from one to the other. In Brazil, a single table follows throughout the country under the SUS. Still comparatively, several analyzes show that the Canadian system is more mature, with greater standardization of methods, guidelines and monitoring, although it still presents challenges regarding the use of health technologies. In the Brazilian scenario, there is a lack of control over the use of methods and techniques, as well as monitoring. Another Brazilian

problem is the limitation of resources, which prevents the conservation and expansion of infrastructure. Compounding the complexity of the Brazilian situation, the need for greater organicity between services is evident, facilitating the planning and implementation of actions (SILVA; ELIAS, 2019).

In Brazil, after the institutionalization of SUS, there were many health policy reforms. It cannot be said that the regionalization of health happened in the same way in Brazil and Canada, as the systems face a big difference, which is the issue of social equity. In Brazil, most of the population is SUS-dependent, but the system is unable to serve all their dependents. In a brief analysis, it is observed that the public system concentrates most of the Basic Health Units, whereas clinical and hospital care is led by the private sector, and there are also mixed services that are characterized by the articulation between the public and private sectors (VIACAVA, 2018).

Despite the problems encountered, the Brazilian public health system expanded its offer during the 32 years of its creation. Some problems are critical, such as access to oral health care and specialized services, such as physiotherapy, speech therapy and psychology. In these cases, the system varies its access condition according to the region, with the coverage variation ranging from 20% to 70% (VIACAVA, 2018). It should be noted that these specialized services are most often essential for people with disabilities.

In Ontario/Canada the public health system integrally answers for consultations, diagnostics, and hospital services. For medicines, coverage is comprehensive only in some cases, usually in vulnerable groups. There is also coverage for more serious cases that require home care, nursing homes and mental health treatment, but in terms of access, these services are insufficient for Ontario's need.

Canada stands out worldwide for its easy access to care in the clinical area, but the same does not happen with regard to the expanded interventions that require a multidisciplinary team. In the case of people with disabilities, it is common to require specialized assistance such as speech therapists, psychologists, physiotherapists, among others, for this type of specialist, the wait is at least two months, which is not considered a good average waiting time for a health care system deemed as a world model. (GBD, 2015).

Another set of laws such as Audiology and Speech-Language Pathology Act (1991), Health Care Consent Act (1996), will guarantee the support of specialized services. People with disabilities in Ontario are entitled to free specialized care, but this is not the case in every district for the entire population. Oral health is not free for everyone, as well as other professionals,

such as psychologists and speech therapists. This has been a major demand by the population in recent years (BRANDÃO, 2020).

Final considerations

Social well-being must be seen as an important determinant of a country's development. In this article, the comparative analysis aimed, through the analysis of policies, to reflect on the intersectorality, the principles and contradictions of the processes experienced in both countries.

With regard to inclusive education policies, Canada, since the 1980s, has in its regulations mandated the inclusion of people with disabilities in school (Education Act, 1980), in the following ten years the State has created a series of education programs support, school guidelines, educational services made available to the teacher and the student, which gave rise to specific resolutions, rules and regulations. In Brazil, since the enactment of LDBEN n. 9394/96, Special Education is instituted as an educational modality. From then on, there were many movements for people with disabilities to have access to regular school, which generated many documents that corroborated the current situation of Special Education (BRASIL, 2001; 2008; 2011).

Therefore, Canada begins the educational process for people with disabilities almost 20 years before, and today it is no longer discussed that the school is for everyone. One of the important aspects that will ensure this right is the fact that 94% of students are in public and quality school. Another aspect is the articulation of intersectoral actions, with different support networks involved and different professionals. In Brazil, a major challenge is faced, which is the access of all citizens to free public services. According to data from IBGE-Pnad (2016-2018), 73.5% of basic education students are in public school, but serious problems are faced to guarantee the quality of education. Even though Brazilian legislation has advanced a lot and it is foreseen the intersectorality between the different departments, in practice this movement has been carried out in a discreet way.

The social assistance policy in both countries is marked by the investment condition of each country. Canada in this field articulates four major financing and support programs, CHT, CST, Equalization and TFF. In the case of people with disabilities, there are specific social protection programs, as well as financial benefits. In Brazil, the social assistance policy follows what is foreseen for other vulnerable groups (BRASIL, 1993; 2015), in a more specific way the Continuous Benefit Benefit (BPC) stands out for people with disabilities.

As for health policies, Brazil still faces difficulties in guaranteeing access and quality of services, with challenges both for financing and for the management and organicity of the service. We cannot fail to highlight the public-private relationship in the trajectory of SUS and its consequences. With regard to Canada's health policies, the scenario is for a system with more equitable access, but with increased spending and the need for revenue adjustments.

The defense of inclusive educational policies and social policies that guarantee the rights of people with disabilities must be aligned with the fight against the hegemonic policies proposed by capitalism. The analysis of the intersectoral dynamics in the two countries leads us to some final formulations: 1) the financing of essential policies such as health, education and social assistance must be a priority of the State and be guaranteed by law; 2) services must operate through integrated networks; 3) the governance of complex systems such as health and education must be inter-federative or inter-territorial; 4) the dialogue with society must be expanded, involving the different segments; 5) the more social policies are articulated with each other and with educational policies, more rights can be guaranteed; 6) the greatest challenge of today is the construction of less unequal and more just societies.

Finally, it appears that the implementation of policies for school inclusion / Special Education in the two countries resulted in different organizational practices, with different support equipment. Brazil has gone through a period of growing support for social and educational policies aimed at school inclusion, however, the current political moment that points to a return to school exclusion and a reduction in the guarantee of social policies is worrying; while Canada, despite facing political and economic challenges, has ensured inclusive social and educational policies.

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