

**THE STATE OF THE ART OF EDUCATIONAL CARE POLICES IN HOSPITAL
AND HOME ENVIRONMENT IN BRAZIL**

***O ESTADO DA ARTE DAS POLÍTICAS DE ATENDIMENTO EDUCACIONAL EM
AMBIENTE HOSPITALAR E DOMICILIAR NO BRASIL***

***EL ESTADO DEL ARTE DE LAS POLÍTICAS DE ATENCIÓN EDUCATIVA EN
HOSPITALES Y ENTORNOS DOMÉSTICOS EN BRASIL***

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ABSTRACT: The study discusses the state of the art of Brazilian educational policies for educational assistance in a hospital and home environment in the national governmental and municipal contexts. It is based on theorists of philosophy, sociology, public policies and special education. The methodology is descriptive, exploratory, the data were cataloged in temporal order, based on documentary sources contained in laws, decrees, resolutions and opinions. After analysis, discontinuous references to these modalities were found in national legislation, causing invisibility and lack of data monitoring, in contrast to states and municipalities that presented in the municipal and normative plans. It is suggested the need for intersectoral actions to implement national guidelines, define ways of financing, monitoring and training human resources to guarantee the right to education for children and young people, who for health reasons, cannot attend the common classes of schools in who are enrolled, reducing school failure, dropout and ensuring full citizenship.

KEYWORDS: Hospital class. Educational home care.

RESUMO: *O estudo discute o estado da arte das políticas educacionais brasileiras para o atendimento educacional em ambiente hospitalar e domiciliar nos contextos nacional, governamental e municipal. Fundamenta-se em teóricos da filosofia, sociologia, políticas públicas e educação especial. A metodologia é descritiva, exploratória. Os dados foram catalogados em ordem temporal, com base em fontes documentais contidas em leis, decretos, resoluções e pareceres. Após análise, verificaram-se referências descontínuas a estas modalidades nas legislações nacionais, causando invisibilidade e falta de monitoramento de dados, em contraste com estados e municípios que apresentaram nos planos municipais e*

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normativas. Sugere-se a necessidade de ações intersetoriais para implantar diretrizes nacionais, definir formas de financiamento, monitoramento e formação de recursos humanos para garantia do direito à educação de crianças e jovens que, por motivos de saúde, não possam frequentar as classes comuns das escolas em que estão matriculados, reduzindo o fracasso escolar, evasão e garantindo a plena cidadania.

PALAVRAS-CHAVE: Classe hospitalar. Atendimento educacional domiciliar.

RESUMEN: El estudio analiza el estado del arte de las políticas educativas brasileñas para la asistencia educativa en un entorno hospitalario y hogareño en los contextos nacional, gubernamental y municipal. Se basa en teóricos de filosofía, sociología, políticas públicas y educación especial. La metodología es descriptiva, exploratoria, los datos fueron catalogados en orden temporal, con base en fuentes documentales contenidas en leyes, decretos, resoluciones y opiniones. Después del análisis, se encontraron referencias discontinuas a estas modalidades en la legislación nacional, causando invisibilidad y falta de monitoreo de datos, en contraste con los estados y municipios que se presentaron en los planes municipales y normativos. Se sugiere la necesidad de acciones intersectoriales para implementar pautas nacionales, definir formas de financiamiento, monitoreo y capacitación de recursos humanos para garantizar el derecho a la educación de niños y jóvenes, quienes por razones de salud no pueden asistir a las clases comunes de escuelas en quienes están matriculados, reduciendo el fracaso escolar, el abandono escolar y asegurando la ciudadanía plena.

PALABRAS CLAVE: Clase hospitalaria. Atención educativa en el hogar.

Introduction

The right to education is inalienable, including for those who are unable to attend classroom spaces due to health conditions.

Special Education, through methodologies and techniques, serves students who have peculiarities and need greater support in the educational system. Thus, one of the modalities of offering this service are hospital classes and home pedagogical care.

As a general objective of the study, it is intended to list an overview of the legal provisions that address educational care in hospital and home classes within the scope of public spheres and to establish an analysis to understand the presence or absence of these modalities in the proposals of the investigated legislation.

The methodology is exploratory and descriptive and led to the search for textual elements in the body of legislation analyzed.

Legislation as discursive modes: the modalities of educational care in hospital and home environments

According to Bourdieu (1998 apud FERNANDES; ORRICO, 2014), all political analysis must be based on the economic and social determinants of the political division of labor, so that mechanisms that reproduce separate social groups are not taken as natural: those who are agents politically active and those who are politically passive agents, placed in the condition of consumers of programs, projects, public policies, events.

Being in a situation of illness can prevent the subject from participating in the “naturalized” school in the imagination as the one we live within a modern model, that is, an institution that Foucault (1998 apud FERNANDES; ORRICO, 2014) so well shows us in *Discipline and Punish* as an instance of modernity that acts in the perspective of control for the formation and docility of “normal” bodies. From the perspective of the State apparatus: school, home and hospital are understood in modernity as distinct spaces with also distinct attributions.

Foucault clarifies us that these discursive practices of institutions gaining body in technical sets, in professional behavioral schemes and in the dissemination of pedagogical forms, thus maintaining the institution in the form that "it is"(FOUCAULT 1997, apud FERNANDES; ORRICO, 2014, p. 23).

Contemporary perspectives that support new scientific pillars are based on the view of complexity rather than the linear view and have been warning that these disciplinary forms of organizations and institutional norms, especially for the understanding of the human, need ruptures in various fields, such as health, education, environment and use of technology.

From this perspective, we can understand why it can still be so difficult to bring education to the home or hospital. The necessary arrangements for these services imply materially concrete actions, but, beyond these, they result in changes inside the institutional *habitus*, in the way home/home/school is organized, and in the change and delimitation of roles of the actors involved in this process.

Analyzing the context of hospital classrooms, Saldanha and Simões (2013) analyzed 21 articles that addressed issues related to hospital classrooms. The authors highlighted the predominance of classes in descending order in the Southeast, South, Northeast, Midwest, and North regions. They concluded that the themes addressed in these 21 articles involved many different approaches, such as: philosophical and theoretical, conceptual, subjectivations and conceptions about education, pedagogy, inclusion, humanization and health, related to the

subjects and practices that are part of the hospital school context. They conclude on the need of defining policies.

As for the need for better criteria for data accounting, Pacheco (2017) described a national movement created by teachers of Brazilian hospital classes using the WhatsApp tool, which obtained a total of 208 hospital classes. However, the author considers that the sum made by the networks is not done in a uniform way, sometimes accounting for each teacher one class, sometimes one class for each physical space; which highlights the importance of a ministerial public policy to organize and systematize data on these modalities.

Oliveira (2017), when researching the statistical sources of the National Institute for Educational Studies and Research Anísio Teixeira (INEP, in the Portuguese acronym), in relation to the microdata of the School Census, found that there is room to fill in data on hospital class, socio-educational care, prison unit, supplementary activity, specialized educational care (multifunctional resource rooms) and a field called "does not apply", leaving no possibility of any identification on the modality of home educational care. And, even so, generating indicator data for these services is a path that is not always accessible and requires expertise in the use of software.

According to Fernandes and Issa (2014, p. 102), in a study conducted with 25 teachers of hospital classes in the state of Rio de Janeiro, important points were highlighted in the teachers' answers, such as the need for greater interaction between teachers of regular classes and hospital classes, the need for greater investment in material resources, continuing education, funding for policy and, in some places, the discontinuity of care in times of government changes.

Bordignon (2014) highlights that policies must have guidelines that inform the directions to be followed; goals with quantified and dated objectives, with actions by public agents and social control; and, finally, strategies that constitute government programs to achieve certain goals.

Caribé (2016) highlights the importance of the concept of governance for the effectiveness of public policies, especially for people with disabilities, because it is through governance that the structuring aspects of the policies are defined, such as formulation, implementation, and evaluation. And the greater the complexity, the more it will demand from the State actions for an intervention.

The study's methodological path

The research has a descriptive and exploratory basis, for which we searched, in official documents, the terminologies hospital class, home care, educational care in hospital and home environment.

The discursive official documental sources, materialized as laws, decrees, ordinances and norms, were analyzed according to their contexts of production, which are: municipal, state and federal governmental spheres.

In the federal sphere, the documents researched, in the official sources on the websites of the Presidency of the Republic and the Ministry of Education, were the Laws of Directives and Bases of Education, Opinions of the National Education Council, Decrees of the Special Education guiding body, and the State and Municipal Education Plans.

Consideramos também como fontes os documentos base das Conferências Nacionais de Educação e de Direitos da Pessoa com Deficiência. As Conferências Nacionais são espaços que contemplam as vozes dos movimentos sociais, elucidam os vetores entre o que a sociedade civil conclama e o que de fato se materializa em texto de lei.

In order to locate the documentary sources in state and municipal instances, information was sought through publications in the National Congresses of Hospital and Home Care, in the Brazilian Congresses of Special Education and in the State Meetings of Hospital and Home Educational Care to identify States and Cities. who had implemented service and had some legal document indicative of this service, and then these sources were searched through the Google search system on the internet, telephone contacts or by e-mail in order to obtain the locus of the documentary source.

What the texts of federal legislation reveal: a journey of sixty years

The following data are in chronological order, referring to the documental source of the research, a brief presentation of the text that contains references to the hospital class and/or home care. At the end of these presentations, the online reference source is indicated.

The right to differentiated educational care for children and young people in vulnerable situations dates back to the 1960s, when the Decree-Law No. 1.044, of October 21, 1969 (BRAZIL, 1969), provided for exceptional treatment for students with disabilities. The following text of the decree-law was based on three pillars: right to education provided for in the Constitution; health conditions that did not always allow school attendance; legislation

that admitted the exceptional regime of special classes and equivalence of studies, as well as the special education of the exceptional.

Article 1 guaranteed special treatment for students with congenital or acquired disorders, trauma or other morbid conditions in cases such as hemorrhagic syndromes (hemophilia), asthma, pericarditis, osteoarticular disorders submitted to orthopedic corrections, acute nephropathies, and rheumatic disorders.

Article 2 defined as special treatment the compensation of absence from classes by means of home exercises with monitoring by the school after a medical report prepared by an official authority of the educational system.

It can be concluded from this decree-law that there was a concern in the educational system to confer progression and avoid truancy and school failure of students in a situation of illness that prevented them from attending classes.

Home care is also referenced by Law no. 6.202, of April 17, 1975 (BRAZIL, 1975), which in Article 1 recommended that from the eighth month of pregnancy and for three months the pregnant student would be assisted by the regime of home exercises.

Decree No. 72,425 of July 4, 1973 (BRAZIL, 1973) created the National Center for Special Education, instituting Special Education as a service modality. This service model emerged from an international system which provided for the integration in public schools of children and youth with disabilities. Methodologically, it was constituted as the image of a pyramid in which at the base was the expected ideal, that is, students of Special Education in ordinary classes; the continuum of services was presented in this pyramid as resource rooms, itinerant consulting, special classes and special schools; and, at the top of the pyramid, the hospital and home care services. The principle of integration and continuum of services explicitly demonstrated the importance for no one to be left out of access to education.

Law No. 7.853, of October 24, 1989 (BRAZIL, 1989), dealt with the rights of people with disabilities. In Article 2, Subparagraph I, line "d", it ensured the mandatory offer of Special Education programs in hospitals and similar units where disabled students were hospitalized for one year or more.

The Statute of the Child and Adolescent, Law No. 8.069/1990 (BRAZIL, 1990), establishes in Article 53 that children and adolescents have the right to education, aiming at the full development of their person.

In 1994, the Ministry of Education published the document National Policy for Special Education (BRASIL, 1994). This document defined the hospital class as the hospital

environment where it is possible to provide educational care to hospitalized children and young people who need Special Education and who were under hospital treatment.

Resolution No. 41/1995, from the National Council for the Rights of Children and Adolescents (BRAZIL, 1995), approved the document from the Brazilian Society of Pediatrics on the Rights of Hospitalized Children and Adolescents and, in Article 9, emphasizes the right to enjoy some form of recreation, health education programs, and monitoring of the school curriculum during their hospital stay.

The first version of the Law of Directives and Bases for Education (LDB, in the Portuguese acronym) nº 9.394/1996 (BRAZIL, 1996), mentioned the commitment to an education for all, the condition of citizens and their rights, highlighting the need for equality in access to schooling. However, it did not explicitly address the modalities of hospital classrooms and home pedagogical care.

In 1999, Decree nº 3.298, from December 20th 1999 (BRAZIL, 1999), established the National Policy for the Integration of Disabled People. The document addresses the mandatory offer of Special Education services to the disabled student in hospitals and similar units where he is hospitalized for a period equal to or exceeding one year.

In 2001, the National Education Council published the Resolution CNE/CEB nº 2, of September 11 (BRAZIL, 2001a), in which it established the National Guidelines for Special Education in Basic Education, guiding the teaching systems, through integrated action with the health systems, to organize specialized educational care for students unable to attend classes due to health treatment that implies hospitalization, outpatient care or prolonged stay at home.

Article 13, paragraph 1 of this Resolution emphasizes that hospital classes and home care should continue the process of development and learning for students enrolled in basic education schools, contributing to their return and reintegration into the school group, and develop a flexible curriculum with children, youth and adults not enrolled in the local education system, facilitating their subsequent access to regular school.

The National Education Plan (PNE, in the Portuguese acronym) implemented by Law # 10.172, January 9, 2001 (BRAZIL, 2001b), dedicated a chapter, the eighth, entirely to Special Education, with an evaluation of the process of inclusion of public students of Special Education, at the time called students with special needs. Although it highlights the modalities of Special Education, it does not mention hospital classes and home care.

In 2008, the National Policy on Special Education from the Perspective of Inclusive Education (BRASIL, 2008) was published, one of the points of recommendation is that, in order to work in Special Education, the teacher must have as the basis of their initial and continuing education, general knowledge for the exercise of teaching and specific knowledge of the area. This training enables them to work in the specialized educational service and must deepen the interactive and interdisciplinary nature of the work in regular classrooms, resource rooms, specialized educational service centers, accessibility centers in higher education institutions, hospital classes, and home environments, in order to offer Special Education services and resources. It is noteworthy that this is the only section of the document where these modalities are mentioned.

Resolution CNE/CEB nº 4, of October 2, 2009 (BRAZIL, 2009), which established the Operational Guidelines for Specialized Education Care in Basic Education, modality Special Education, in Article 6, mentions that, in cases of Specialized Education Care in hospital or home environments, the students will be offered Special Education by the respective teaching system in a complementary or supplementary way.

The 3rd National Conference on the Rights of Persons with Disabilities (BRAZIL, 2012) mentioned, in proposal number 11, that hospital and home care must be ensured, according to current legislation, as well as accessible specialized door-to-door transportation (by land and river), based on the diagnosis of the demand for the Continuous Cash Benefit, the target audience of Special Education as well as for the transportation of the teacher of the Hospital/Domestic Care Center and students in special health conditions, according to the MEC Resolution No. 2/2001 (BRAZIL, 2001a), ensuring budget allocation for the cost of such service. In proposal 44, the orientation is to provide home and/or hospital school attendance to students with serious physical or mental conditions, which make it impossible for them to participate in the school environment, and to ensure the partnership between education and health departments to speed up the process of diagnosis and monitoring.

The 4th National Conference on the Rights of People with Disabilities, Brazil (2016), in guideline 23, highlighted the proposal to ensure the deployment and/or implementation of accessible and free transportation system for people with disabilities and their companion in rural and urban areas for specific care, also ensuring the provision of transportation to professionals (social assistance, home care teachers and health services responsible for the care).

The Reference Document of the National Education Conference (BRAZIL, 2014a) in Axis II, regarding the propositions and strategies on Education and Diversity: social justice, inclusion and human rights, infers as the responsibility of the Union, Federal District, States and Municipalities the guarantee, effectiveness and strengthening of public policies and resources to comply with the provisions of the Child and Adolescent Statute (ECA, in the Portuguese acronym) and the Youth Statute, in the care of children serving socio-educational measures and children and adolescents at risk or vulnerable, of children with disabilities, including them in the educational process, through educational, health, social assistance (with home and hospital school attendance) and judicial measures, extensive to families and schools, as established by the National System of Socio-Educational Attendance (Sinase) and implement teaching-learning programs for students with home and/or hospital pedagogical attendance needs.

Law 13.005 of June 25, 2014, approved the National Education Plan – PNE in the Portuguese acronym - (BRAZIL, 2014b), which, in goal 4, dealt specifically with the Special Education modality, but there is no mention of educational care in hospital and home environments. On the website of the Ministry of Education, where the PNE is monitored, on the INEP portal, when we search for the indicators "hospital class" and "home care", there is a direction to adapt the tests of the National High School Exam (ENEM) and to apply them in a hospital and home environment for students prevented by health issues.

In the MEC (Ministry of Education and Culture) document "Guidelines for Implementation of the Special Education Policy from the Perspective of Inclusive Education" (BRAZIL, 2015a), we can observe the indication for initial and continued training of the teacher who will work in specialized educational care, including hospital classes and care in home environments as teaching spaces of Special Education.

The Brazilian Law of Inclusion (Statute of the Person with Disability) nº 13.146, (BRAZIL, 2015b), in chapter IV, which deals with the right to education, requires private institutions of any level and type of education to offer support for inclusive education, as well as not to charge extra fees from families for the services offered. There is no allusion to hospital and home classes, but we can verify the responsibility given to private schools, which are linked to a national education system.

In this sense, we understand that, in the field of educational hospital and home care, a modality of specialized educational care, private schools and private hospitals should offer this care to be supervised by the education system competent to the level and modality.

In 2017, the Ministry of Education, in partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), launched two calls for proposals to identify legislation and significant experiences related to educational care in hospital and home environments. These calls, among others, aimed, from the "look" of researchers in the area, to evaluate in loco the education networks in the scenario of revision of the National Policy for Special Education from an Inclusive Perspective, launched in 2008 and about to complete a decade at the time.

In the scope of the hospital classrooms and home care modalities in the ten years of this policy's validity, there were no implementation goals, funding for monitoring, furniture, pedagogical materials, or teacher training. The funding of the 2008 National Policy focused, primarily, on the modality of multifunctional resource rooms implemented in regular schools in the education systems.

On September 24, 2018, Law No. 13,716 amended the LDB (BRAZIL, 2018), which came into force with the addition of an article that ensures educational care, during the period of hospitalization, to the student of Basic Education hospitalized for health treatment in a hospital or home regime for an extended period of time, as provided by the Public Authority in regulation, in the sphere of its administrative competence.

At this point, in a clear and explicit way, these modalities are now included in the main law that establishes the principles of Brazilian education.

In the next section, we present the results referring to the official documents issued by the state and municipal levels.

What the official documents from the State and Municipal Education Departments reveal

The data is presented by Region, States and their Municipalities, thus providing the list of legislations, opinions and decrees of these entities of the Federation.

Legal provisions on educational care in hospital and home environments in the North Region

In the State of Acre, these modalities are recommended by the Resolution CEE/AC n° 277/2017 (ACRE, 2017), of the State Board of Education, and by the Normative Instruction n° 001, of January 30, 2018, of the Acre State Department of Education. In the State of Pará, the Ordinance that legitimizes attendance is No. 064/2005.

Legal provisions on educational care in hospital and home environments in the Midwest Region

In the State of Mato Grosso, the modality is guaranteed by Ordinance No. 369 of 2017(MATO GROSSO, 2017a) and by the Curricular and Pedagogical Guidelines defined by the Special Education sector.

In Mato Grosso do Sul, the educational hospital care is recommended by Decree No. 14.786, of July 24, 2017(MATO GROSSO DO SUL, 2017a) and by the Deliberation of the State Education Council No. 7.828, of May 30, 2005 (MATO GROSSO DO SUL, 2005). The educational care in Hospital environments is regulated by Resolution/SED no. 3.375, of December 28, 2017 (MATO GROSSO DO SUL, 2017b), also provided for in the State Education Plan, Law no. 4.621, of December 22, 2014; as well as in Resolution/SED no. 2.506, of December 28, 2011 (MATO GROSSO DO SUL, 2011), which provides for the assignment of education professionals who will provide care in hospital classes, and in the Deliberation No. 7.828, of the State Board of Education, which guarantees hospital and home educational care.

The State of Goiás has an opinion from the State Council of Education nº 267, of 2015, and the Federal District, through Law nº 2.809, of October 29, 2001 (DISTRITO FEDERAL, 2001) that guarantees these types of care.

Legal provisions on educational care in hospital and home environments in the Northeast Region

The hospital and home educational care in the State of Rio Grande do Norte is provided for in State Law No. 10.320 of January 5, 2018 (RIO GRANDE DO NORTE, 2018), as a result of the State Education Plan, Law No. 10.049, January 27, 2016, in strategies 3 to 12 of goal IV (RIO GRANDE DO NORTE, 2016a). The Home Educational Assistance is guided by the Evaluation Ordinance No. 1.878, of December 8, 2016 (RIO GRANDE DO NORTE, 2016b), which ensures the hospital and home class teacher in articulation with the school perform evaluation in a flexible manner in content and temporally. The municipality of Natal, capital of the state of Rio Grande do Norte, through Law No. 6.365, of August 21, 2012, created the Hospital Class Program in the units of the municipal health network (NATAL, 2012).

In the state of Ceará, the service is provided in the Resolution CEE/CEB nº 456/2016, article 11, which determines that the specialized educational service can occur in an itinerant form in hospital and home environments (CEARÁ, 2016).

In Bahia, the City Administration of Salvador, by Decree No. 23.922, May 14, 2013(SALVADOR, 2013) approved the regulations of the Municipal Department of Education and on October 1, 2015, founded the Irmã Dulce Municipal Hospital and Home School.

In the state of Piauí, the service began in 2010, and is also provided for in the State Education Plan, Law No. 6.733, December 17, 2015 (PIAUÍ, 2015).

Legal provisions on educational care in hospital and home environments in the Southeast Region

In the state of Rio de Janeiro, there is no law, decree, or opinion on the implementation of this modality in state hospitals that supports the offer of these services. However, recently in 2019, Municipal Conferences were held for the review of the State Education Plan, which culminated in Bill 1.125/19, still being voted on. In Goal 4, about Special Education, there are two articles that deal with the implementation of hospital classes and home and hospital care, of intersectorial articulations, and of the guarantee of qualified teachers for the function.

In this State, there are several Municipalities that offer these types of hospital and home care classes. In the city of Rio de Janeiro, this modality is legally supported by the Joint Resolution SME/SMS #17, of March 07, 2005, which deals with the Hospital Class in the Jesus Municipal Hospital. In the Municipality of Búzios, the service is included in the Municipal Education Plan, Law no. 1,114, dated June 20, 2016 (BÚZIOS, 2016). The Municipality of Cabo Frio has the deliberation of the Municipal Education Council No. 24/2016 and the Municipal Plan of Education, Sport and Leisure, of June 24, 2015, which regulate the services (CABO FRIO, 2015). In Tanguá, Decree No. 1521 of August 18, 2008 created the Integrated Center for Education and Health (CIES) and Resolution No. 17 of the CIES guarantees hospital and home care for students unable to attend school, referenced in the Municipal Education Plan through Law 9071 of June 24, 2015 (TANGUÁ, 2015). In the Municipality of Macaé, the service is referenced by the deliberation of the Municipal Education Council nº 24/2016 and by the Municipal Education Plan of the Municipal Secretariat of Education, Sports and Leisure, Leide 24 of June 2015 (MACAÉ, 2015). In

Maricá, there is a Deliberation of the Secretary of Education nº 2, from 2007, which legitimizes the attendance. Cachoeiras de Macacu has a deliberation of the Municipal Education Council. In Belford Roxo, the attendance is legitimized by Deliberation No. 18, 2010, of the Municipal Council of Education. Petrópolis regulates it through Resolution nº 04/2018 of the Education Secretary. In Duque de Caxias, the attendance is guaranteed by the Municipal Education Plan, Law nº 2.713, of June 30th, 2015, and by the Deliberation of the Municipal Education Council nº 16/2016 (DUQUE DE CAXIAS, 2015)..

The State of Espírito Santo has the service guaranteed in the State Education Plan, Law No. 10.382/2015 (ESPÍRITO SANTO, 2015), which guarantees care for students in the public school network who need home and hospital care, providing for an intersectoral policy between education, health, and social development.

The State of São Paulo has the Joint Ordinance CENP, CEI, COGSP, DAE, 1986, which regulates the creation of special classes, resource rooms and itinerant units, foreseen in Resolution SE No. 247/1986 (SÃO PAULO, 1986), which provided for Special Education in that State. Article 6 of the above-mentioned Ordinance highlighted the possibility of creating special classes in hospitals, which, at the time, had a specific teacher position. The DAE Instruction, of the same year, guided the network about the evaluations that should be carried out. In 2016, the SE Resolution No. 71/2016 (SÃO PAULO, 2016) regulated the school care to students in hospital environment. The Municipality of Campinas has an Ordinance from the Secretary of Education No. 114/2010 that approves the common regulations of the educational units and projects of the hospital classes. The Municipality of Barretos recognizes this modality in the Municipal Education Plan, Law No. 5,123, dated June 23, 2015 (BARRETOS, 2015).

In the state of Minas Gerais, the municipality of Belo Horizonte has officially recognized this service through Ordinance No. 358/2015 (BELO HORIZONTE, 2015).

Legal provisions on educational care in hospital and home environments in the Southern Region

The State of Paraná legitimizes this service through Secretarial Resolution No. 30302/2005, (PARANÁ, 2010), which creates the Service of Attendance to the Hospital Schooling Network (Sareh), aiming to attend to students who are unable to attend school due to hospitalization or other forms of health treatment, allowing them to continue the schooling

process, contributing to their return to and reintegration into their school of origin and even the insertion of those not enrolled in the educational system.

The State of Santa Catarina made pedagogical hospital care official through Law 13.843/2006 (SANTA CATARINA, 2006), and defines the implementation of this service in public and private hospitals in the state network, and determines the criteria for assigning education professionals to these units.

The Municipality of Florianópolis also regulates the service through Ordinance No. 30, of March 5, 2001. And the Municipality of Tubarão regulates through Resolution No. 41.

The state of the art of educational care policies in hospital and home settings: What documentary sources show us

As we go through the timeline of policy proposals, regarding the educational care for children and young people in hospital and home environment, we verify in the scope of the laws the moments in which, in the documents analyzed, we find these modalities explicitly named, in other moments they can be inferred only indirectly, to the extent that they are invisible in the text.

For example, although in the first LDB of the 1960s this attendance was mentioned, it was erased in the later guidelines laws, returning to the text of this Law only in December 2018, at the height of the discussion of the revision of the National Policy for Special Education and after four National Conferences on Education and Rights of People with Disabilities recommended these modalities in the scope of the rights to education.

Thus we consider from the Bourdieusian perspective that the tensional forces of social actors can lead to changes in policies and materialization of discourses, as was inductively the inclusion in the text of LDB nº 9.394/96 (BRAZIL, 1996).

Another point we highlight is the fact that, although the two National Education Plans did not highlight the modalities of hospital classes and home care, these were incorporated in the final texts of State and Municipal Education Plans, demonstrating the interdependent character of these instances for the execution of local policies, as is the case in the States of Rio de Janeiro, Rio Grande do Norte and Piauí and in several Municipalities in the State of Rio de Janeiro.

However, as Brazilian education is a system, it is necessary that the incorporation of the modalities in the LDB results in normative opinions from the National Education Council

for these modalities, and the definition of strategies and guidelines for implementation, monitoring through INEP, allocation of specific budget lines and continuing education.

It can be observed that the advance of the implementation of normative proposals, in municipal agencies, occurred in the last decade, thus demonstrating the importance of the participation of managers, teachers and social movements in Conferences and scientific events, making a force of pressure from the base to the top of the federative pyramid.

It is illustrated as the case of the State of Rio de Janeiro that, even not having the service implemented at the state level, the fact that many Municipalities already have this service and take the discussions on the subject to the scope of the Municipal Conferences, propitiated in a democratic and participative way the inclusion of these modalities in the final text of the State Education Plan, recently voted in the beginning of 2020. These are the profane voices of those who do not have the "power" to produce the text of the policy, but when democratic conditions emerge, as in the conference forums, the voices gain power and visibility to, based on local experiences, intervene in the production of a law in a more comprehensive state or national sphere.

It is worth analyzing, in a comparative perspective to the right to education, that the Brazilian Inclusion Law No. 13,146 of 2015, in chapter IV, dealt forcefully with the obligation of private institutions of any level and modality of education to offer the supports to inclusive education, as well as not charging extra fees from families for the service offers (BRASIL, 2015b). Therefore, private schools and hospitals should also be organized to offer these services, as they are part of an integrated system. Another challenge to be overcome, but which demands efforts of intersectoral policies.

Conclusion

The documental sources analyzed in the study, in the discursive and argumentative aspects, which permeated the national, state and municipal spheres, revealed that the need for a database, about such relevant work developed by the area, is urgent due to the fact that we have implemented services, however, sustainability is threatened if the federated entity does not organize federal regulations and guidelines that legitimize, at a hierarchical level, the provision of these services.

The text of the LDB, reformulated in 2018, which includes these modalities, was undoubtedly a great achievement, but it is important that they are included in operationalized goals of the PNE, as well as in regulations of the National Council of Education, which can

trigger the implementation of classes hospitals in States and Municipalities that do not yet offer such modalities. Although the existence of these modalities included in municipal education plans is a hope to remove this service offer from invisibility, it is still a timid number when compared with the number of Municipalities and the continental dimensions of our country.

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