

**INCLUSIVE PRACTICES IN CONTEXT: ACCESSIBLE COMMUNICATION
ACTIONS IN PORTUGAL AND BRAZIL**

***PRÁTICAS INCLUSIVAS EM CONTEXTO: AÇÕES DE COMUNICAÇÃO ACESSÍVEL
EM PORTUGAL E NO BRASIL***

***PRÁCTICAS INCLUSIVAS EN CONTEXTO: ACCIONES DE COMUNICACIÓN
ACCESIBLES EN PORTUGAL Y BRASIL***

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ABSTRACT: This article aims to discuss inclusive practices of accessible communication regarding the guidance and prevention of health care in the context of the COVID-19 pandemic, carried out in projects that take place in Portugal and Brazil. The practices comprise the production of accessible communication boards and educational materials for health education with the use of Augmentative and Alternative Communication (AAC) based on the principles of Universal Design for Learning (UDL). Such practices, developed in accredited universities in both countries, articulated studies and researchers from different areas, enabling the creation of inclusive products, making communication more accessible and favoring health care in times of pandemic, as a right for all. The research, of a qualitative nature, is methodologically anchored in a narrative literature review. The discussion of the results starts with a bibliographical review, legislation and a reflection on the practices carried out. Innovative educational actions are considered to expand access to information on the fight against COVID-19, giving new meaning to shared knowledge and new forms of learning.

KEYWORDS: Inclusive education. Pedagogical practices. Accessible communication. Augmentative and alternative communication. Universal design for learning.

RESUMO: Este artigo objetiva discutir práticas inclusivas de comunicação acessível quanto à orientação e à prevenção de cuidados com a saúde no contexto da pandemia de COVID-19, realizadas em projetos que acontecem em Portugal e no Brasil. As práticas compreendem a produção de pranchas de comunicação acessível e de materiais educativos para educação em saúde com o emprego da Comunicação Aumentativa e Alternativa (CAA), a partir de princípios do Desenho Universal para a Aprendizagem (DUA). Tais práticas, desenvolvidas em universidades conveniadas de ambos os países, articularam estudos e pesquisadores de

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diferentes áreas, viabilizando a criação de produtos inclusivos, tornando mais acessível a comunicação e favorecendo os cuidados referentes à saúde em tempos de pandemia, enquanto direito de todos. A pesquisa, de cunho qualitativo, ancora-se metodologicamente em revisão narrativa de literatura. A discussão dos resultados parte de revisão bibliográfica, de legislação e de uma reflexão sobre as práticas realizadas. Consideram-se as ações educativas inovadoras ao ampliar o acesso aos informativos de enfrentamento à COVID-19, ressignificando saberes compartilhados e novas formas de aprendizagens.

PALAVRAS-CHAVE: Educação inclusiva. Práticas pedagógicas. Comunicação acessível. Comunicação aumentativa e alternativa. Desenho universal para a aprendizagem.

RESUMEN: *Este artículo tiene como objetivo discutir prácticas inclusivas de comunicación accesible en materia de orientación y prevención de la atención de la salud en el contexto de la pandemia COVID-19, realizadas en proyectos que se desarrollan en Portugal y Brasil. Las prácticas comprenden la producción de tableros de comunicación accesibles y materiales educativos para la educación en salud con el uso de la Comunicación Aumentativa y Alternativa (CAA) basada en los principios del Diseño Universal para el Aprendizaje (DUA). Dichas prácticas, desarrolladas en universidades acreditadas de ambos países, articularon estudios e investigadores de diferentes áreas, posibilitando la creación de productos inclusivos, haciendo más accesible la comunicación y favoreciendo la atención de la salud en tiempos de pandemia, como un derecho de todos. La investigación, de carácter cualitativo, está anclada metodológicamente en una revisión narrativa de la literatura. La discusión de los resultados comienza con una revisión bibliográfica, legislación y una reflexión sobre las prácticas realizadas. Se plantean acciones educativas innovadoras para ampliar el acceso a la información sobre la lucha contra el COVID-19, dando un nuevo significado al conocimiento compartido y nuevas formas de aprendizaje.*

PALABRAS CLAVE: Educación inclusiva. Prácticas pedagógicas. Comunicación accesible. Comunicación aumentativa y alternativa. Diseño universal para el aprendizaje.

Introduction

The year 2020 put the educational process in a new order, imposing many challenges on educators. The context of the world pandemic of Covid-19 has significantly changed the way of thinking and doing formal education, from Early Childhood Education to Higher Education, as well as suddenly changing the way of life of the population, demanding more accessible communication channels, stimulating responses from the scientific field to events of this nature, generating intense social mobilization with a focus on actions to prevent and face the new coronavirus: SARS-COV-2. Facing the pandemic situation established, as a primary goal, the imminent social distancing, which lasted throughout the school year and advanced into 2021, displacing children and professionals to the domestic environment, impacting on unprecedented family and professional reorganization, against a backdrop of an

unprecedented context. permeated by doubt, fear and insecurity, however potent of new strategies, which need to be increasingly accessible to all. From the perspective expressed in Art. 26 of the Universal Declaration of Human Rights (UN, 1948), which states that every human being has the right to education, world leaders based on the guidelines of the World Health Organization (WHO) sought, through communication, invest in campaigns in order to take information through different platforms, emphasizing the importance of instructions and basic hygiene and prevention measures, enabling inclusive pedagogical practices, supported by resources and technologies, enabling communication practices more accessible (WHO, 2020).

When reflecting on the repercussions of preventive measures in the pandemic period, inclusive solutions were sought, based on communication without barriers, expanding accessibility to health guidelines. From this perspective, this study socializes activities carried out in two laboratories of partner universities in the context of both Portugal and Brazil, with the help of inclusive pedagogical practices, which started to be developed in both groups, considering the current moment. Such accomplishments mobilized an immediate and effective response from the population, given the urgent demand for differentiated and innovative strategies in terms of ways of communicating, making pedagogical practices more inclusive and accessible.

Regarding the development of more inclusive educational products and actions, the use of strategies supported by Augmentative and Alternative Communication (AAC) will be highlighted, which, according to Chun (2009), enjoy technological resources and techniques that enable ways of communicate in Assistive Technologies (AT), which, according to Bersch (2009), are products or services that allow and promote people's full participation.

Allied to the combination of these resources, actions were developed, based on the principles of the Universal Design for Learning (UDL), which are based on serving everyone by establishing multiple forms of access to content, thus enabling the expansion of the access to guidelines by contemplating different needs so that everyone can learn, consequently reducing the barriers that prevent access to information and learning by all, without distinction. UDL aims to provide multiple means of representation – the “what” to learn; of action and expression – the “how” of learning; and engagement – the “why” of learning (CAST, 2014).

The need for productions, adaptations and solutions in times of Covid-19 motivated us to deepen investigations and establish notes for the educational context, based on the following issues: how to promote inclusive pedagogical practices with accessibility resources

in communication in times of pandemic? Which ACC strategies can be used? How to expand communicative processes and sensitize professionals in reducing communication barriers?

In Portugal, the actions were developed at the Resource Center for Digital Inclusion (RCDI), together with the Polytechnic Institute of Leiria – IPLeia, which, since 2006, have been promoting inclusive actions, comprising several projects through protocols with several countries. With the advance of the pandemic in the first months of 2020, there was a need to expand such actions, which resulted in specific solutions for more inclusive guidelines and health education. The project entitled Communicating without barriers, in times of Covid-19 started activities in 2020 and these soon reverberated in actions replicated in Brazil and Cape Verde through the Colmeia Association.

Teams of professionals for remote work were mobilized with the purpose of favoring access to information in the production of educational flyers with health and prevention guidelines, in addition to communication boards, which were made available free of charge to the community. Such actions implied accessibility to information and communication, providing opportunities to express needs in situations of health care and in cases of hospitalization, as well as educational guidelines on official rules and protocols for reopening commercial and cultural spaces, democratizing the access to information with actions that promote citizenship and health care.

In Brazil, the Alternative Communication Boards in Hospitals project, conceived in a multidisciplinary way in conjunction with the Federal University of Rio Grande do Sul (UFRGS), articulated actions to provide assistance to health professionals and family members during the care and follow-up of patients. with communication difficulties because they are limited or prevented from performing oral communication. The project also had the support of the Municipal Department of Social Development and Sport of Porto Alegre, in Rio Grande do Sul.

In this way, the present study, of a qualitative nature (MERRIAM, 1998), with a methodological process anchored in the narrative literature review (MARTINS, 2018), sought to map knowledge about the concepts of AAC and AT, making it possible to meet the emerging demands of the pandemic context, through inclusive and innovative pedagogical practices that enable more accessible communication.

Cordeiro *et al.* (2007) describe that, in the narrative literature review, there is no explicit and systematic criterion for the search and critical analysis of evidence, and it is up to the researcher to decide which information is most relevant.

Data collection took place through bibliographic and documentary research and pointed to the production of inclusive pedagogical practices with interventions in hospital spaces in both countries, occurring through the availability of educational and communication support materials in ACC, which were released in different media, such as print, on social networks and on institutional websites, replicated in Portugal and Brazil.

By deepening concepts in relation to the object of study, the investigation made it possible to lead the research to significant paths regarding theoretical knowledge, expanding necessary discussions on ways to make communication more accessible, socializing pedagogical and inclusive actions, favoring health education practices, providing opportunities for benefits to society.

This study made it possible to consider that the inclusive pedagogical practices presented favored health education actions, while accessible and innovative communication practices, expanding access to official information on combating COVID-19, guaranteeing the right to communication and health guidelines for all. In addition, they contributed to the care and recovery of people with complex communication needs in hospitals, providing more safety and comfort.

Accessible communication in times of pandemic

This work asserts education and health as human rights and as a right for all, according to the 1988 Federal Constitution of Brazil (BRAZIL, 1988), as well as access to information and the availability of accessible communication resources expressed in the Brazilian Law of Inclusion – BLI, Law no. 13.146/2015 (BRAZIL, 2015).

BLI (BRAZIL, 2015) ensures the adoption of measures and practices of hygiene, health care and protection for people with disabilities, supported by communication resources, which need to be inclusive, reflecting the specificities existing in the teaching and learning processes, thus encouraging the development of support products that make communication more accessible to all.

In Portugal, the commitment to inclusive education supports UNESCO guidelines (2009), as a process that aims to respond to the diversity of needs by increasing everyone's participation in learning and throughout life. With the enactment of Decree-Law no. 54/2018 (PORTUGAL, DGE, 2018), it was established as one of the priorities of government action to bid on an inclusive school, from which everyone, regardless of their personal and social

situation, find answers that allow them to acquire a level of education and training that facilitates their full social inclusion.

Among the various guidelines expressed by the WHO, in times of the COVID-19 pandemic, it is highlighted the importance of making simple and accessible communication possible for everyone in the dissemination of a guide (WHO, 2020), which provided guidelines to face the consequences of the disease, boosting several projects around educational actions.

Due to the “high rates of transmissibility and considerable lethality”, according to a study developed by Antônio Augusto Moura da Silva (2020, p. 01), there was an impact on pedagogical and inclusive actions, under an urgent nature, considering the proliferation of the virus. and the profound economic and life damage. For Santos (2020), the pandemic and the quarantine “are revealing that alternatives are possible, that societies adapt to new ways of living when this is necessary and felt as corresponding to the common well-fare” (SANTOS, 2020, p. 29).).

The proliferation of the coronavirus across Europe in the first months of 2020 triggered the rapid decision of Portugal's rulers for social isolation, protection of the population and the search for technological solutions and products to make it possible to serve the population in times of crisis. Subsequently, in Brazil, intensified actions resulted in the adoption of measures in order to promote social distance and avoid agglomerations, resulting in actions that closed schools and universities, followed by commercial services, protecting only the health service and services essential to the population (DN/PT, 2020).

Social isolation triggered new ways of coping with the high-risk situation of contagion, for which it was necessary to develop new strategies and rethink pedagogical knowledge that would make the emergency situation viable and guide the population to the proper care with physical health, mental and emotional in the face of quarantine, guaranteeing the right to communication and health care in the pandemic.

Presentation and reflections on the materials developed

Assuming that communication is one of the most important needs of human beings, and that the act of reading is part of the communication process, Célia Sousa (2012) shows that this practice becomes vital for people's development, given that that occurs between subjects on a daily basis, involving social interactions and exchanges fostered by different situations.

Among the work developed at CRID in Portugal, actions on accessible communication are fundamental. In this sense, we highlight the development of an accessible communication board with the use of AAC resources such as pictograms - SPC, operated through the Boardmaker® Software (<https://goboardmaker.com/>). This strategy makes it possible to adapt texts through symbols and images that facilitate comprehension by different audiences, such as illiterate people, with low literacy, foreigners who do not master the language and by people who have some type of intellectual disability and/or limitations to understand essential information, in this moment of pandemic.

Figure 1 – Communicate without barriers Board



Source: developed by the authors

The use of the accessible communication board, as shown in Figure 1, suggests that the person point to the symbols or fix their gaze to communicate. The board can be accessed free of charge on the RCDI website, and can be used in a digital context through a smartphone, tablet or imprinted. It can also be plasticized, thus increasing its durability and allowing for cleaning. The material developed in the first months of 2020 was soon made available to health professionals in the intervention processes with hospitalized patients and in

helping family members and elderly people with low literacy, who have difficulties in communicating orally.

In addition to communication boards, the RCDI team started to develop flyers with important information to consider during the period of social isolation and health care in times of a pandemic, in addition to adaptations in the guidelines passed on by the government and the WHO. Among the materials produced from March to June 2020, forty flyers with different types of content that were created and adapted with SPC were found on the RCDI website and on social networks.

The material has enabled access by a considerable number of people. The contents of the materials were grouped into four categories: health guidelines; rules for reopening and protocols; commemorative dates and entertainment.

Table 1 – Accessible Flyers on Covid-19 in Portugal

CATEGORIES	CONTENT	TOTAL
Health	Information on body care, mask use, hand hygiene, social distancing, state of calamity.	15
Rules for Reopening and Protocols	Rules for opening museums, hairdressers and barbers, catering and beverage customers, service in stores, rules on the beach.	11
Commemorative dates	Labor Day, Mother's Day, Children's Day and messages from tourism and pastoral care for the disabled.	05
Entertainment	Poetry, plays, games, songs, dances, recipes.	09
Total		40

Source: Prepared by the authors

In view of the data shown in Table 1, it was possible to perceive that the contents made available, for the most part, ensure information about health care and the rules/norms that guide people for reopening and protocols for the use of public spaces. The entertainment pieces dealt with different contents aimed at children and interaction with family members, providing opportunities for fun and learning with educational practices, guidance and ways of playing that are part of people's daily lives and consider the local cultural context.

The flyers contemplate the coordinated use of AAC techniques such as simple writing and pictograms. The use of simple writing, according to Martins (2014), consists of a way of making the text objective to read and understand, based on familiar concepts, being useful for everyone. In addition, it is noteworthy that the use of an enlarged font benefits people with low eyesight.

The adaptation of writing with pictographic symbols of communication (PSC) seeks to benefit people who have not yet appropriated the written language or people who have some communication difficulty. The use of specific PSC symbols for healthcare and the context of

Covid-19 facilitates understanding and makes the information presented more meaningful. Among the aspects highlighted in the research, there is an inclusive perspective in the production of educational flyers through the articulated strategies of AAC and AT, since the materials can be downloaded on smartphones or tablets, providing opportunities for interaction in the digital context and expanding access and learning for all.

From an inclusive perspective, the production of flyers was based on Universal Designer Learning (UDL), which emerged in the United States in 1999, translated into Portuguese as *Desenho Universal para a Aprendizagem* (DUA), which consists of developing strategies to make the most accessible products for all, contemplating physical aspects, services, products and educational solutions so that everyone can learn without barriers (CAST, 2006).

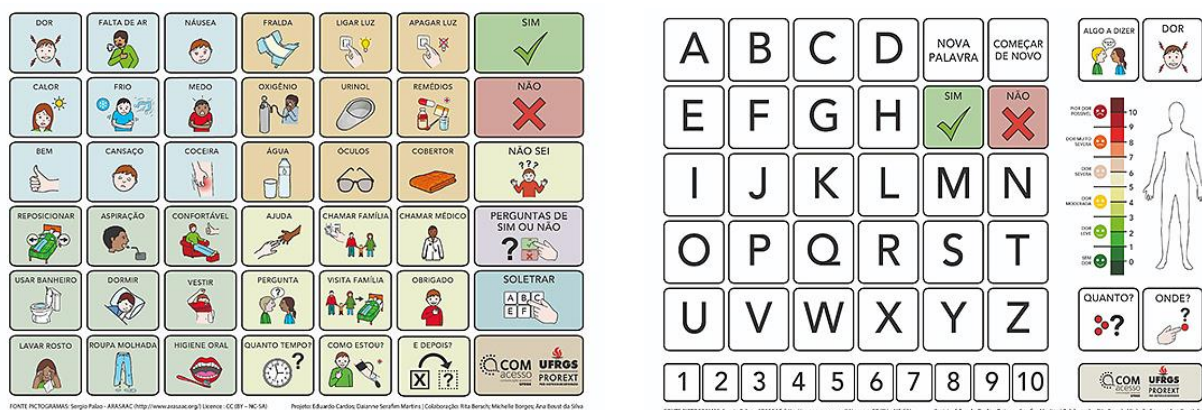
The UDL consists of a set of principles and constitutes a practical model that aims to maximize learning opportunities for all. Its objective is to help educators and other professionals to adopt appropriate learning modes, choosing and developing efficient materials and methods, in order to be elaborated in a more refined and accessible way to evaluate the progress of all students. In this way, instead of developing a specific adaptation for a particular student, in a certain activity, it is chosen to create different ways of teaching certain content for everyone.

The use of the UDL approach (CAST, 2014) proved to be efficient for creating flexible and accessible learning environments for everyone, including those with disabilities (RIBEIRO; AMATO, 2018). From this perspective, the adoption of this proposal is justified by understanding that the use of various pedagogical and technological resources, as well as materials, techniques and strategies, aim to meet the reader diversity in search of expanding access to information and facilitating learning for all, regardless of their disabilities (CASTELINI; SOUSA; QUARESMA DA SILVA, 2020).

In this sense, the educational flyers produced are presented as a support for health professionals, educators, family members, patient companions and others involved, providing opportunities for reflections on the importance of accessible communication. These reflections become relevant when thinking about the educational context and the initial and continuing training of professionals by pointing out ways for the elaboration, adaptation and innovation of inclusive products, while pedagogical practices as tools that aim at accessibility, whether in physical terms, creation of educational products or solutions, so that everyone can learn and communicate (CAST, 2013).

In Brazil, the activities developed were carried out in a multidisciplinary way, as mentioned, and included the research and development of AAC boards with specific graphic symbols for use in hospitals and health spaces in times of the Covid-19 pandemic, helping the patients in the communication of feelings and sensations, in addition to enabling the answer to questions and allowing simple requests of everyday life. Guidelines for the use of the boards were made available on the website of the COM Acesso Group, which informs health professionals, family members and patient companions on the best way to use AAC strategies and the ways in which the patient can express himself, either by pointing out manual or eye tracking of symbols and letters on cards.

Figure 2 – Alternative Communication Boards, Brazil, 2020



Source: Prepared by the authors

The boards developed in the UFRGS project have pictograms and letters organized by groups. The material is available for download, but it was also delivered printed, double-sided and laminated, to all hospitals in Porto Alegre and, later, to hospitals in the state of Rio Grande do Sul, totaling more than 3000 boards delivered from March to December, 2020.

The alphabet allows a person to spell or point, forming simple words and sentences. The numbers provided help in the elaboration of these sentences and in the measurement of pain, as a technique frequently used by health professionals. The material also includes the drawing of the human body with a scale that allows expressing, by means of symbols, the degrees of pain or discomfort of the patient, helping to verify symptoms and the well-being of the person who is undergoing a treatment.

The pictogram base used in this work comes from the Portal Aragonés de la Comunicación Aumentativa y Alternativa (Portal ARASAAC; <http://www.arasaac.org/>), which presents a set of symbols, photographs, numbers, letters of the alphabet and others.

drawings, making it possible to add and combine symbols. In these systems, the written word is located above each pictogram and the size indicated for its application is approximately 3 cm (VERZONI, 1999). The pictograms also underwent adaptations and a redesign, as a way of unifying the language throughout the material. Thus, an enlarged font version of the boards was also created, with larger quadrants for pointing and reading, to facilitate use in patients with Covid-19 in hospital procedures.

Through a partnership with ISAAC Brasil – International Society of Alternative and Augmentative Communication – Brazilian Chapter, the material was translated into seven languages: Portuguese from Portugal, English, Spanish, German, Italian, French and Chinese. In addition, educational videos were produced for general training on the concepts of (1) Assistive Technology and (2) Alternative Communication, (3) the use of alternative communication boards and (4) specific use in the hospital context. The material also has accessibility resources, such as Libras (Brazilian Sign Language) and Subtitles for the Deaf and Deafened (LSE). ISAAC Brasil also promoted contact with associations and councils in the health areas for partnership regarding the distribution of the material, resulting in the delivery of more than three thousand boards in other states of Brazil.

Finally, the project gained an application version for mobile and online equipment in order to facilitate access and promote people's communication even after leaving the hospital environment, since communication boards remain in health spaces.

Final considerations

The investigations undertaken in this study strengthen the interdisciplinary dialogue by highlighting inclusive pedagogical practices as educational practices that favor accessible communication and health education, developed in Portugal and Brazil in the context of the Covid-19 pandemic.

According to Nunes and Madureira (2015), there is an urgent need to think about more inclusive resources, practices and interventions in order to guarantee access and participation for all. From this perspective, the use of accessibility resources in communication becomes essential in health care in times of a pandemic, as it allows interaction with health professionals and family members, in addition to expanding participation in educational and social processes and the effectiveness of an active citizenship.

In this sense, it is important to point out that the actions developed in both projects contemplated the production of materials for accessible communication in groups of

universities in Portugal and Brazil, which have been developing AAC and AT projects for some years, considering the cultural context and the specificities of each country, seeking to maintain the aesthetic unity of the materials. The projects developed in the context of the Covid-19 pandemic were aimed at this purpose, adapted to the specific case, and helped in the association of images, educational health guidelines and in the way of using the materials, as well as in the free availability in the printed and digital formats, taking place in both countries.

From the AAC strategies used, it was observed the adoption, in both projects, of simple writing strategies and with pictographic communication symbols, although from different pictogram bases. In Portugal, there is a predominance of the use of the SPC through the Boardmaker® software with the license proposed by the government. In Brazil, the option for the use of systems with a Creative Commons license is due to the unavailability of resources for the acquisition and maintenance of proprietary systems by the Government.

From the study, it was found the absence of a standardization of the AAC in both countries, but it was possible to observe the existence of an effort between the groups to maintain unity in the development of the materials. Thus, the effectiveness of communication boards and flyers produced for the Covid-19 pandemic period still lacks research and reception tests with users, according to the objectives and technologies established for each context and communication objectives.

The relevance of the topic in both countries was also evidenced, resulting in the strengthening of government and society actions in the implementation of inclusive products and in educational practices of care guidance and coping with Covid-19. The mobilization proposed by the projects in times of a pandemic enabled the construction of interdisciplinary dialogues of different professionals in the elaboration of inclusive products, expanding the work networks in favor of accessibility in communication and educational practices for the benefit of health and the reduction of barriers in learning.

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