School referrals in the network of representations by education and health professionals

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Abstract

In this study, we analyze values, ideas and practices that regulate the logic of school referrals carried out by education and health professionals. We investigated the referrals from a school to an external Evaluation Center, both of the public education system of the city of São Paulo. We interviewed teachers, administrators, and health professionals. We also examined referral reports containing school complaints and other documents. Data revealed that the school tends to refer students who do not meet standard performance and behavior expectations. In this particular context, it did seem that the school was blaming the students and their families for their pedagogical difficulties. However, it is important to remember that the school was not denying its responsibility for pedagogical shortcomings. In their representations, both the school and the evaluation center admit harboring mutual feelings of resentment. The school raises objections concerning the work of the professionals at the center and vice versa. The school and the evaluation center seem to be equally clueless as to how to integrate their knowledge in order to truly help the referred students.

Keywords: School complaints; schools; representation.

Encaminamientos escolares en la red de representaciones de educadores y profesionales de la salud

Resumen

En este estudio, se analizó valores, ideas y prácticas que regulan la lógica de encaminamientos escolares realizados por profesionales de la educación y de la salud. Se investigó los encaminamientos de una escuela para un centro de avaluación, ambos del sistema educacional público del municipio de São Paulo. Entrevistamos profesores, gestores y profesionales de la salud, examinamos informes de encaminamientos con las quejas escolares y otros documentos. Los datos indicaron que la escuela tiende a encaminar alumnos que discrepan del desempeño o comportamiento considerado patrón. En el contexto estudiado, eso no significó ano responsabilizarse de su función pedagógica, aunque aparentemente sí, al culpabilizar alumnos y familias por las dificultades escolares. En sus representaciones, escuela y centro apuntan insatisfacción mutua. Los educadores tienen restricciones a la labor de los profesionales del centro y vice-versa y ambos parecen desconocer cómo integrar los respectivos saberes para solucionar los encaminamientos escolares.

Palabras clave: Queja escolar; escuelas; representación.

Encaminhamentos escolares na rede de representações de educadores e profissionais da saúde

Resumo

Neste estudo, analisamos valores, ideias e práticas que regulam a lógica de encaminhamentos escolares realizados por profissionais da educação e da saúde. Investigamos os encaminhamentos de uma escola para um centro de avaliação, ambos do sistema educacional público do município de São Paulo. Entrevistamos professores, gestores e profissionais da saúde, examinamos relatórios de encaminhamentos com as queixas escolares e outros documentos. Os dados indicaram que a escola tende a encaminhar alunos que discrepam do desempenho ou comportamento considerado padrão. No contexto estudado, isso não significou desresponsabilizar-se de sua função pedagógica, embora aparentemente sim, ao culpabilizarem alunos e famílias pelas dificuldades escolares. Em suas representações, escola e centro revelam insatisfação mútua. Os educadores têm restrições ao trabalho dos profissionais do centro e vice-versa e ambos parecem desconhecer como integrar os respectivos saberes para solucionar os encaminhamentos escolares.

Palavras-chave: Queixa escolar; escolas; representação.

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Introduction

In this article, we intend to discuss data from a research work, in which the objective was to investigate the cause and the trajectory of referrals of students with apparent learning difficulties realized by a school and a center of assessment and referral to specialized services. Both the school and the evaluation center belonged to the education system of the city of São Paulo. By now, there is already a wide bibliography concerning school referrals in order to explain the circumstances that lead schools into requesting health services, solutions and justifications for the difficulties of certain students, as in the works of Souza (1996), Machado (1996), Abreu (2006), Guarido (2008), Mesquita (2009) and Pereira (2010). In this literature, we observe how the myths of school failure, denounced by Patto (1996), still survive in school practices, in the famed "medicalization of education". The bibliography also includes researches on school difficulties related to referrals with a focus on the biomedicine field, such as in the studies of Rotta, Ohlweiler and Riesgo (2006), and Barkley(2002).

In the present research, our intention was to analyze how these different perspectives influence the decisions made by the professionals involved in student referrals. More specifically, we intended to identify the representations underlying referral practices at the school and at the evaluation center. In order to identify the representations, we relied on Moscovici, who sees them as "values, ideas, and practices" produced by social groups. He also believes that the representations are social, a system of values, ideas, and practices with a double function. The first one is to establish an order that provides people with orientation in the world, and control it. The second function is to allow people to communicate by providing them with a code in order to name and classify things (Moscovici, 2012, p. 21). Thus, the representations are products of communications and interactions within a certain culture. They are forms of knowledge produced and supported by social groups in a certain historical scenario (Moscovici, 2012, p.35).

Minayo (2009) reminds us that the social representations manifest themselves by means of institutionalized words and behaviors, and language is its form of mediation. Gracia (2005), on the other hand, emphasized that language represents our knowledge of the world, our formulations for world representations and the way we do things. Language produces thought and reality as well. Thus, according to Trindade and Souza (2009), we tend to appreciate the conversational worlds built around institutional injunctions, a universe of huge complexity – past traditions and contradictions as well innovations of the present time.

Based on such perspectives, we have prioritized in our research the conversational field in order to identify values, ideas, and practices that support logic and the maintenance of student referrals by educators and health professionals. In the professionals' accounts, we searched for points of intersection, convergences, and divergences concerning referrals as an attempt to amplify the comprehension of knowledge produced and supported by both groups.

Method

We selected two important spaces in the trajectory of referred students: an elementary school and a center for assessment and referral to special services named "Cefai - Centro de Formação e Acompanhamento à Inclusão", or Center of Formation and Support for Inclusion. Both institutions were part of the public education system of the city of São Paulo. Both were situated in the east region of the city[1].

The Cefai supports students with special needs, global developmental disorder, intellectual giftedness, or any other kind of special education requirements. When the research was developed though, in 2014, the center was also equipped with a multidisciplinary team, which belonged to the Inclui[2] Program. The program's function was to assess referred students, prescribe solutions by the medical network and provide guidelines to professionals and schools in child education, elementary and high school, as well as adult education by the municipal network. We focused our interest on this screening team to whom schools were supposed to refer their students with learning difficulties.

Thus, the participants of the research were members of the multidisciplinary team (Multi Team) – the Psychologist (Psych.), the Phono Audiologist (Phono), and the Social Worker (SW). In addition, the Center Coordinator (CC) and a few other professionals that she recommended: a special education teacher (Support and Inclusion Teacher, or "Professora de Apoio e Acompanhamento à Inclusão – Paai"), a Technical Assistant (Technical Assistant for the Board of Technical and Pedagogical Directors). The total number of Cefai participants was six.

In order to select a school for research, we attempted to identify at Cefai the school with the most requests for referral over a certain period. According to the staff at the center, that would not be possible due to data loss. So, the members of the team chose the school that they believed had referred the greatest number of students to Cefai in 2013.

This elementary school is located on the outskirts of the east side of the city. In 2014, it had 49 teachers and, approximately, 600 students divided into morning and afternoon shifts[3]. The management team included the principal, two assistants, and two coordinators. We selected, for participation in the research, the Principal (P), a Pedagogical

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1 After the presentation and signing of Authorization Terms by both institutions, the research project was registered at the Research Ethics Committee of Unifesp by means of Ethics Assessment Certification, or "Certificado de Apresentação para Apreciação Ética (CAAE)" number: 28555014.0.0000.5505. The project obtained Number 664.993 Approval for its development on May 28th 2014.

2 Instituted by Decree no. 51.778, of September 14th 2010, in order to provide support to inclusion policies at the public education system of São Paulo municipal schools.

3 Data collected from the city hall website, the school pedagogical project, and the principal's testimony.

Coordinator (PC), the Principal's Assistant (PA), and two teachers, T1 and T2, of the initial years of elementary school. The coordinators recommended these teachers because they had referred students to the Cefai, in 2013. Thus, by putting together professionals from the two institutions, the research included 11 participants.

In the research, we attempted to understand how the school identifies children and teenagers with any problem that might explain their difficulties at school. We also wanted to understand how the school actually proceeded with their referrals. In the same breath, we investigated how the Cefai responded to the school requests and received these children and adolescents. For this purpose, we assessed institutional documents in the two spaces, produced records of our observations during the field work, and realized interviews with all selected participants. The research started in December 2013, with the first contacts for acceptation by the involved institutions, and ended in November 2014.

At the Cefai, we assessed the schedule of services of 2013, which contained the names of the students, their respective previous schools, and records of the assistance provided to these students. We were not allowed to assess the medical records of the referred students. At the school, we analyzed the Pedagogical Project (PP) and the school's internal regulations in order to produce a better profile of the unit. We also read the reports of student referrals to the Cefai, in 2013, 12 students were referred to the center.

17 visits were paid to the Center[4]. During the visitations, a field register and the interviews recorded all document readings, work routine observation, and informal contacts with participants. The interviews were realized by means of semi-structured scripts (Lüdke & André, 1986) which aimed at exploring opinions or representations on school problems and referrals. First, the interviews focused on the Cefai professionals. Subsequently, the school professionals were interviewed.

The interviews, recorded in audio and transcribed for analysis and categorization, were individual, except when requested not to happen that way. For example, the Multidisciplinary Team asked for a collective interview and justified their request by pointing out the scarcity of its members' time available for participation. Likewise, the interview with the Cefai coordinator was initially individual, but then she asked for the participation of the educational technical assistant. She argued the technical assistant was the one directly involved with the researched group.

It is a qualitative research and, according to Gomes (2010, p. 79), the focus of that type of research is not "counting opinions or people". Rather, the focus is "the exploration of the whole set of opinions and social representations on the theme". Thus, we organized the answers by similarity of content, while verifying convergences and divergences. Based on this organization, we produced categories to which we added data on the analysis of institutional documents, observations and records made during the field work.

4   At the school, the duration of each visit ranged from 30 minutes to 5 hours. At the center, the duration was from 1 to 3 hours.

In the present report, due to space limitations, we will discuss a few characteristics of the referrals, as well as their motivations and expectations regarding results. Literature concerning the data produced at the school and at the center on the flow of referred students will support us in our discussion.

Results and Discussions

The flow of students

By analyzing school documents, we verified in the school regiment of 2013 that "students with any type of identified specific necessity that deserves examination must be referred to special services". Our intention was to investigate how this flow of students happened, in the words of the school and center participants when we analyzed their testimonials and conversations. We have selected a few excerpts, which clarify the way the flow is perceived.

In the accounts of two participating teachers[5], we were able to observe that they follow a hierarchy. When they identify any "learning problem" in their students, they duly reported the management and waited for a decision.

> ...well, I rarely call their mothers, I hardly ever ask them to refer students. I am concerned with the learning part. It's up to the management people to decide whether they are going to refer the child or not… I was not thinking of a referral, I was thinking that maybe the kid just needed some extra help. The decision to refer was theirs. (T1) … I notify the coordination, I write my report and send it to the coordinator. She analyzes it, watches the situation more closely, talks to parents and, eventually makes a decision. (T2)

It is important to highlight the fact that the teachers do not seem to recognize they are the ones who take the first step, which triggers the whole process, where differences might be eventually seen as problems. Then, the Pedagogical Coordinator (CP) mentions that the coordinators make decisions collectively. However, she also affirms that it is her job to respond to teachers' requests and emphasizes that the final decision is up to the external team.

> When a teacher reports to me, I get together with the other coordinator and we make a decision. When teachers ask, we report the case to the "Inclui" people and they decide whether to call the child or not. I just listen and do the procedures… And then they say, "Miss, let's send the report". I think, "All right, then. I just follow orders. I will send the report. If there is something really wrong with the child, I don't want to be

5   Respectively identified as T1 and T2. Both teachers of the initial years, at the time of research, they had been members of the school staff for 4 years, and both had previous work experience. T1 had been a teacher for 25 years. T2 had been a teacher for only 4 years but she had been a staff member of the school bureau at SME for 15 years.

blamed… There are cases in which we'd better report for verification, even though we think it is going to be all right, we send the reports anyway… sometimes, I talk to teachers and we figure out a solution… in those cases, I don't report… (Pedagogical Coordinator)

The coordinator's testimony transpires insecurity and apprehension. In doubt, she shares the case with other professionals. However, what precedes the referral, the issues that trigger the process, and its effect on the student's life are rarely discussed at the school. The supposedly identified cases seem to produce similar reactions. The hot potato gets passed around rather quickly. No one seems to be willing to take the trouble to let it cool down.

We asked the Principal and the Principal's Assistant if there were any criteria or defined procedures for the referrals, as well as what type of discussion oriented their decisions. The principal's answer also revealed much uncertainty.

Yes, we have those discussions, but those discussions permeate our pedagogical practices here. We have Cefai. When we a have a student to refer, we have to produce a diagnosis or request one by Cefai. If it's a behavior problem or if there is any other issue, it is difficult. Sometimes we do not have plan or procedure. It is difficult to deal with these situations. Sometimes it is very difficult to identify the problem. (Principal)

The principal's assistant, on the other hand, describes the way she handles situations in which a student presents difficulties at school.

So, this boy had already been referred to the Inclui, the multidisciplinary team.He had already been referred to the Tutelary Council in the previous years. In a conversation with his mother, we said, "Listen, your son is doing this and that… Is there any trouble at home?". You see, sometimes, there might be problems in the family. We have many students whose parents are in jail, too many. That seems to cause a lot of trouble to families. Alcoholism is another thing that really affects the families. Sometimes there is domestic violence. We just notice the signs, so one of the things we do is, very carefully, we ask for a conversation with parents in order to see what is going on, why the child is behaving that way. Maybe it is a health problem. Then we take the child to the hospital. Check out the child's general physical and mental health. First, we check the health thing, if there is nothing wrong with the child's health, nothing wrong with the family, it must be a learning difficulty.

We very often figure things out by elimination. (Principal's Assistant)

In the principal's testimony, it becomes clear that the school considers itself the least influencing factor. In the elimination method, the school is the last one to take responsibility.

What do the members of the school team, with their statements related to the problems of certain children at school, seem to reveal?

Aquino (1996, p. 95) affirms that "the logic behind non-stop referrals is identical to the one behind professional exemption". However, we would like to problematize the meaning of this supposed "exemption". What we observed in the school scenario under discussion was the insecurity of educators concerning how to deal with students that do not fit into what is considered standard, or students who are "hard to identify". The modern school institution works with medium performance standards because of its *modus operandi,* which imposes a common curriculum to be developed, within defined time and space, for organized sets of students, in a pretentiously homogeneous way, and considering factors such as age, level of knowledge, and skills.

In this context, the unsuccessful ones seem out of place. The possibility of referral to health professionals sounds very reasonable. These professionals have to provide a diagnosis and assistance to the diagnosed cases. It is their job. They are the "right specialists", according to T1:

... My expectation is that the child really be referred to the right specialists and come to class healthier and ready to meet our expectations. We want everyone reading and writing marvelously well. (T1)

The children that do not "meet expectations" are actually the ones that do not fit into the formative routine and need the "right specialists". Somehow, the industrial society school has become an industrial school. Failing to meet expectations means failing to adapt to some sort of assembly line, which demands a more "artisanal treatment". Maybe, the issue at hand in post-industrial society is precisely the means to deindustrialize school so that it will not be necessary to segregate the ones that fall out of normality standards. At the Center, the testimonies by the Multi Team corroborate the ones by the school staff. The professionals at the Center seem to understand that they the school expects them to play the role of justifier and/or solver of hopeless cases. Some of them absolutely refuse to play that part.

...I think what they want is... they want us to turn mischievous children into angels... that's probably it… they want a magic wand… I am sorry, but there is no such thing. (Psychologist)
I believe that when they refer a student to us they are just asking for help. It is a sign that they are not being able to handle things without help. When they want to refer a student, things are obviously not going well in the classroom. (Phonoaudiologist)

...I see all cases, except for special education. I do everything in my rounds, except for formation. I see all cases concerning physical health... but then you ask yourself, what about the pedagogical issues? Nobody ever seems to remember that… that's why I believe that the Cefai... will keep on dealing with people who are not from special education for a while… (Paai)

...they don't know how to deal with those issues, they want a magical solution to the problem, so they expect us to be like, "hey, we are the DOT[6] people! We have a magical trick that will fix all your problems." They wish. (ATE)

The Center Coordinator (CC) takes a very similar stand concerning school referrals:

... the school needs to learn how to identify its own responsibilities… that doesn't mean there will be no more referrals. There will be cases in which the best thing to do will be dialogues and collaborations with the UBS, the Cefai, and the DOT. The context will be different. It will be a context in which every professional knows what to do. It will no longer be like, "hum, send them everything. They will figure it all out". We cannot fix everything but we can help... so sometimes referrals are really necessary, but shouldn't we pay a little more attention the pedagogy thing? (CC)

The school we have studied seems to be on the way to the scenario idealized by the coordinator. It is not a place in which "every professional knows exactly what to do", neither is it in the "send-it-all-to-the-specialists" mode. Data show us that out of 600 children and adolescents, the school referred approximately 12 children to the Cefai in 2013. However, not referring does not automatically improve the quality of the attention paid to those who get no attention at all, according to the Center Coordinator:

...we will have one of those schools that do not know what to do. You will have one of those that gets lost and the kid goes on unassisted: "Go. God help you." They do not know how to deal with it. They just let it go. They just put things off till tomorrow. (CC)

The Multi Team Psychologist pointed at something similar when she mentioned that if a school chooses not to refer a student, that doesn't mean their opinion has changed concerning this student because it is possible that the problem is "still there".

According to the social worker, when they receive a student, the Multi Team, if necessary, sends the student to other health services, or even to specialized educational support for rehabilitation, or to private psycho-pedagogy specialists, or to a Reference Center of Social Service - CRAS (Centro de Referência em Assistência Social).

...we request mothers to get assistance at the CRAS when it is a more social matter. Most children come with learning difficulties that I do not consider so serious. I send them to the CRAS anyway. They have psychologists over there with more available time to assess the problem. There, they will

examine everything, including the social part… here, most of our cases are issues concerning behavior. (Social Worker)

This testimony reveals the obscure field of learning difficulties. The school refers a child with learning difficulties and the social worker sometimes fails to appreciate the request, or even underrates the problem with a "that's doesn't sound so serious" and sends the child to the CRAS, where they will check everything and professionals have more time to assess the issues.

Refusing to play the role of insoluble case solver, delegating these solutions to those who have "more time", or checking everything are attitudes that induce us to think that the institution that receives the students feels the same urge to just pass down the hot potato.

Some characteristics of the referred students

As we have already mentioned, the center did not provide us with formal data on the number students of students. However, analyzing their records, we got the names of the students and the school that had sent them. Then we managed to figure out the number of students scheduled for assistance, whether such assistance happened or not, in the year 2013. Out of the 104 schools that referred students, in child education as well as in elementary school[7], we observed 4 elementary schools with the greatest number of referrals: the first one with 21 referred students; the second one (our researched school) with 16; the third one with 15, and the fourth one with 13. The researched school was not the one with the greatest number of referrals and has numbers similar to those of the other two. Such realization seems to show that the team is focused on the referred child, without limiting themselves to the specific context of the referral.

Souza (2007) has already pointed at such circumstances by studying reported school complaints and verifying that the health professionals have often ignored the school context, as well as the factors that influence the child's life at school. It is a fact, therefore that the reversal of this practice has been stimulated and discussed by scholars as well as education and health professionals and its principles have already incorporated certain legal orientations[8].In the group of 12 students referred to the center in 2013, 08 were male and 04 were female. Although the studied group was small, this proportion is in accordance to the one found in resear-

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6 Technical Board of Directors (DOT) of the Municipal Education Bureau of São Paulo. In every regional board of directors, there was a division of technical-pedagogical orientation (DOT-P). This structure, however, was modified by Decree no. 56.793, of February 04th 2016.

7 The Regional Education Network - or "Diretoria Regional de Ensino"- the researched school belongs to is equipped with approximately 150 child education schools and 50 elementary schools. Therefore, in 2013, some 50% of the schools in the region referred students for assistance.

8 For example, decree 6566/14 – SME of November 24th 2014 – regulates the implantation and implementation of an organ for learning support named "Núcleo de Apoio e Acompanhamento para a Aprendizagem – NAAPA", on regional education networks. According to article 5º, the "Núcleo" is supposed to "identify difficulties and necessities of school staff regarding students, the ultimate beneficiaries of that service" (Official Gazette of the City of São Paulo. November 25th 2014, p. 12).

ches on the relation between school failure and gender, and based on social beliefs concerning psychological differences between genders. Such beliefs consider boys to have more learning difficulties and poorer performance (Trindade & Souza, 2009).

We observed that five students were from Ciclo I, seven from Ciclo II[9], and ten students were between ages 09 and 14, which coincidentally is the phase of adolescence. According to Principal Assistant's testimony, this phase is characterized by the intensification of possible problems in the schooling process.

> *When the child is small, what do you do? You just manage to remedy the situation in the classroom until the child turns 10 or 11. As they turn into teenagers, they notice that they become more powerful and begin to have their own voice. They can go out by themselves. They can riot, scream, get into fights… that's when the more serious confrontations happen.* (AD)

This representation of adolescence reminds us of Ruotti, Alves and Cubas (2006), when they point at the fact that, just like every other institutions, the school is the stage for conflicts, and contradictions. Its intervention might corroborate even more to certain student behaviors, or it can take the challenge of changing school culture and the patterns of interaction among groups by giving them the conditions to break away from such traditions. According to the testimony, though, the age condition proves a natural justification for eventual problems at school.

Reasons for referrals

We searched the reports for reasons presented by the school to refer students for examination. According to the records, the pedagogical coordinator wrote, in collaboration with the teachers, the 07 reports on the students from Ciclo II. The reports for the 05 students from Ciclo I were written by their respective teachers and they all followed the report model provided by the Inclui Program. The reports are divided into three parts: 1. Description of health conditions; 2. Student's educational needs; 3. Student's development. We can affirm that form and content focus on the description of functions, which is questionable even to the receivers of such reports. There is no consideration for the child's social construction, the weight of everyday interactions and relations on their identities and learning skills, as well as on their lives at school. Irrelevant information replaces valuable content concerning what questions are asked and how those questions are asked. Thus, the reports, which most

often are the only tool for communication between school and support team, also produces an effect at school since they are protocol requirements and the means of access to the Inclui Program. Besides that, the questions concern a whole repertoire of concepts from medical, pedagogical, and psychological fields.

None of the 12 students presented a diagnosis of impairment in their health conditions, such as Global Developmental Disorder or high skills. None of the students presented motor difficulties and only one of them raised suspicions of shortsightedness. We observed that the complaints presented terms such as "disorder", or "intellectual difficulties" in learning or in the process of literacy acquisition. In six reports[10], the main complaint simply stated that the student was unable "to gain literacy". It is important to notice in this report that notion that the children themselves regulate the process or literacy acquisition. In the reports of eight students – seven boys[11] and one girl form the 4th year – behavior or discipline problems were described by means of terms such as "aggressive", "resistant", or "showing irritability". "Shyness, lethargy and apathy" were other terms used to describe two girls from the 3rd and 6th years, respectively. The boy from the 5th year, the one with shortsightedness, was described as having a "subservient attitude" to classmates due to feelings of "inferiority". Only in one of the reports, for a girl in the first year, there were no derogatory statements.

The teachers' reports reveal a perception in which the reason for the failure in literacy acquisition as well as other learning difficult lies in the children themselves. In the part of the report where they were supposed to write information concerning cognitive functions, there were 11 examples of observations such as "unable to concentrate"; "unable to focus";"little capacity for concentration"; "difficulty in short--term memory"; "cannot concentrate for long"; "gets distracted too easily"; "cannot memorize the alphabet". Machado (2013) emphasizes the importance of our attention to the effects such written reports might produce. These "truths" denote our tendency to "regard what is missing in others as something totally unrelated to ourselves, and our lives" (Machado, 2013, p.196).

It is noteworthy that these children are observed with the lens of troubleshooting. Among the 12 referred students, there only one, brief record on something good the girl in the 1st year is capable of doing: "she plays with the other kids", "she likes to take part in the activities in the reading room, and in the computer room".

It is important to point match these observations with our impressions after examining other reports. The school seems oriented towards meeting expectations that it does not possess the means to meet. In six reports, there are clear requests for "guidance" from specialists in order to "help them help" the children with difficulties. Facing problems related to performance, behavior and physical conditions, the tea-

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9 We kept the terminology of the reports. In the researched school, Ciclo I went from 1st to 4th year and Ciclo II went from 5th to 8th year. At the time of research, it was an 8-year elementary school. Decree nº 54.452, of October 10th 2013, however, modified the terminology for "Ciclo de Alfabetização" (1st to 3rd year): "Ciclo Interdisciplinar" (4th to 6th year) and "Ciclo Autoral" (7th to 9th year).

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10 Referring to two students from the 5th year, two from the 6th year, one of them was a girl, one from the 7th year, and one from the 8th year.

11 Thus distributed: two students from the 4th year, two from the 5th year, one from the 6th, one from the 7th, and one from the 8th.

chers feel the pressure to provide answers. We have found similar results to those of Barbiani (2008), whose research affirms that schools, by means of answering or not questions concerning actions, referrals and outcomes, recognizes their own limitations, which would justify referrals to the network of supporting equipment.

Such limitations become apparent in these "cries for help", recognized by the Multi Team in the testimonies. However, we must not interpret such requests as signs of professional or personal unpreparedness. These are issues inherent to mass education, in which teachers are responsible for large groups of students, where, according to classroom organization criteria, supposedly display the same level of knowledge simply because they are approximately of the same age. In this pretentiously homogeneous environment, the teacher is expected to be prepared to work with all students and obtain performances that meet standard expectations. The students who do not meet such expectations are usually misunderstood. Problems are always assumed to be in the child and, consequently, must be investigated by traditionally individualizing approaches. Thus, there is great anxiety to produce a diagnosis in order to explain why some students do not fit.

Expectations concerning results

The sensation of unfinished work and frustration is present at the school and in the Cefai as well. The narratives are convergent when it comes to the outcome of referrals.

The interviewed teachers express their disbeliefs in the effectiveness of referrals, but that does not stop them from doing it.

Now, these referrals, they should have some feedback. It just didn't help at all. There was no discussion, they just let us know that they are doing the procedures or which report we should send them. All I know is that it is all so precarious, very precarious. The children get referred but the teachers get no feedback as to what to do. If my report reaches the coordinator but stays there, it kills my expectations. I wait for a feedback but it never comes. (T1)

I am going to be very honest with you. I got no feedback. Nothing. No feedback, no support for this child. I got nothing. It is hard for me to expect the fact that there is no support. Why is there no support? So many organs and no support. There is the Cefai, the CAPS and so on... but what is the point? In the beginning everything is just wonderful. But after a while it is back to nothing. And I still don't get my feedback. (T2)

Lack of resolution or even a feedback were also among the complaints by the school administration.

There was a very superficial report on this evaluation. It was an attempt to pretend that there is no problem, or that the problem is just social. Learning issues were not considered,

or even mentioned. I don't know for sure. It was just a phono audiologist, a psychologist and a social worker. We don't have a conclusive assessment on everyone. Honestly, there were a few evaluations, and then the referrals. That is all. (P)

I had no feedback. I sent them a student. I gave him support. Nothing happened. (PA)

They are all asking for answers concerning the referred cases. Sometimes they blame the Center, sometimes they blame the students who do not show up for assistance, which makes assessment impossible.

We are still waiting for a feedback on Carlos. We know he missed the last two sessions, and maybe that is the reason why his feedback is not ready yet. None of the students completed the whole process. All the students I referred quit. Maybe that's the reason. (PC)

In fact, the Multi Team explained to us that, after finishing a case, after protocol procedures for 3 or 4 sessions, a document is written. The students' absences compromised the finalization of these cases. That is the reason why there was no report for the researched school and communication between the program and the institution was also thwarted.

We don' know the conclusion. It would be interesting to know what happened too. Something more concrete. It's all so loose and disconnected. What do we do with that? That's what makes us frustrated. (Psycho)

We did not have direct access to the guidelines provided by the team for each referred case, but they provided us with information concerning where they referred the students: two to the UBS (psychologist), one to the CAPS (psychologist and psychiatrist) and one to the CEMA (ophthalmologist); two to the specialists at the Santa Marcelina Hospital (Phono audiologists); one student was referred to a neurologist, one to the CRAS in order to obtain the Bolsa Família pension, and three brothers were referred to the CREAS[12] and the guardianship council. According to testimonials by professionals, the referrals were made with the participation of the students and their families. The cases remained unfinished because the students failed to attend the sessions for assistance.

Communication within the service was considered inefficient by the professionals. They mentioned, for example, they had no feedback from the Paai institutions, especially after the second semester of 2014, when their staff was renewed.

Our intention was to assess the situation carefully and have talks with the responsible Paai so we could devise strategies in order to help teachers. But things get stuck and we never reach them. (Phono)

12 Centro de Referência Especializado de Assistência Social, or Center of Reference for Specialized Social Work.

Well, the researched school was a serious case. Some of the cases were pretty heavy. We don't know what happened… we don't know what's going on anymore. That's my greatest frustration. We do our best to produce the best results but get no feedback. Sometimes we hear that the case got filed. It's always the same. One more child... when I started working here, I was really committed to make a difference and I was sure we would be strong enough to do it. However, when I attended the first meeting with the hired medical board[13]... I remember I mentioned one of the kids and they said, "there is going to be a hundred other cases just like this one." And I said, "ok, but I am responsible for this one case, not the other 99". He said, "there is nothing we can do about it". So, it is sad. In other words, I know there is a problem but I can do nothing about it. (Psychologist)

So, there are differences in the expectations of the school, of the company managing the Inclui program at the time, and of the psychologist. While the school was referring cases that were unusual in their context, and had expectations concerning the referrals and the possible solutions, the medical board of the program, according to the psychologist, dealt with the cases as if they were commonplace. The psychologist points at that divergence as something sad and frustrating. It is hard to have expectations that are not going to be met.

Somehow, the professionals of the Multi Team seem to be trying to emphasize the quality of their own work and at the same time point at the flaws in the work of other professionals. Maybe it is an attempt to justify the unfinished work. They complain of the impertinence of schools when they refer students unnecessarily in their opinion, but at the same time, they speak of how serious some cases are. The team, in the interviews, also complain of institutional faults and contradictions, such as when the administration is replaced and the work is stalled, lack of autonomy to make decisions, lack of control, lack of communication, ignorance. Essentially, feelings of frustration permeate the whole process, especially by the psychologist, who was at service for more time than the others.

The situation also demonstrates that the interview professionals have little awareness of what is going on at the schools, so they end up reproducing traditional forms of service, in which they dismiss the school complaint as the expression of a complex network of relations that happen at the school. They fail to grasp the reality of what constitutes the long process that leads to school failure (Souza & Braga, 2014, p.13). One of the effects of this mode of operations is the disconnection between expectations, which is perceptible in the testimonies of the principal and of the psychologist on the same cases. The psychologist described the work as "well-done" but that has no feedback whereas the director described it as "superficial" and without a "conclusive assessment".

In short, we have found among the research participants, professionals and educators who were really con-

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13 It consists of a medical organization, whose name has been omitted, responsible for hiring and supporting the Multidisciplinary Team that integrates the Program.

cerned and committed to the education of the children and adolescents. However, they felt frustrated for not being able to reach their resolution expectations regarding the program.

Final Considerations

We investigated the referrals of students from a school to a support center in order to provide special assistance to these students. Both the school and the center belonged to the municipal education bureau of São Paulo. We analyzed the representations that motivated the referrals, the conceptions and practices of the educators and health professionals involved in the process, as well as the referred students' trajectories. We interviewed professionals from both institutions and analyzed reports on the referred students and institutional documents. We searched the accounts of research participants for divergences and convergences concerning the referrals.

The analysis of data has allowed us to verify that the way the referrals were conducted, in the researched context, reveals alarming representations of mutual disqualification among the involved professionals. Both the school that refers and the center that receives consider each other rather inefficient. Such disqualification seems to anchor itself on the conviction that it is always someone else's fault.

The notion that the school refers certain students to special services as a request for help because it does not know how to handle the situation was convergent among the interviewees, though from different perspectives.

The educators admit that they do not know how to deal with some cases. They seem to believe that the cases are out of their sphere of competence. It seemed to us that it was not a case of professionals discharging themselves of their responsibilities. It seemed more like a matter of insecurity by educators who don't know how to handle cases in which students present behavior or performance that fall out of standard parameters. Such inability naturally results from the combination of common curriculum that must be developed within a certain time and space, and pretentiously homogeneous groups of students organized by age and skills. In this *modus operandi*, the unsuccessful ones, the ones who do not meet standard expectations, do not belong. The possibility of referral to health professionals sounds like the reasonable thing to do. Their job is to diagnose individual cases. In the manifestations of the participants (in the written reports or in the interviews), we have observed examples the notion of literacy acquisition as a self-regulating act by the children, a process in which they are agents and receivers at the same time. Thus, the right thing to do seems to be an investigation on the children who cannot do it themselves.

The testimonials of the professionals at the center are in accordance with the ones presented by the center in their awareness of the responsibility to solve the school's insoluble cases. However, the professionals at the center refuse to play that part and complain of the inconvenience of having schools overdoing on the referrals. The interviews also con-

tain reports on institutional faults and contradictions such as discontinuity due to new administrations, lack of autonomy, lack of communication, and ignorance.

The representations reveal frustrated expectations, cases without a feedback, and situations seen as inconclusive by all professionals. The system of ideas underlying the referrals carries a multiplicity of representations based on the pathologizing of biological aspects, as well as blaming students and their families. There are also opinions that put the blame on teachers and the school, ironically by those who are rather far from the reality of schools and classrooms.

The logic behind referring students to health professionals seems to be producing conflicting expectations. The institutions supposed to provide support fail to provide assistance by not being able to consolidate a network of actions. Schools end up helpless, unsupported by the institutions supposed to come to the rescue.

Based on the researched groups, we understand that merely assessing and referring students with learning difficulties does not fix the problem. It just raises expectations. The situation requires much more integrated, consistent action by education as well as health professionals, as well as stronger public policies.

The referrals indicate that the school needs support from other areas in order to handle "problem" students. We can say the same about those on the other side of the bridge, the ones who receive the referrals. They also need support in order create a productive field of discussions so that they can stop doing more of the same, and start combining skills towards a more consolidated network of actions.

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