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Social model, interdisciplinary and intersectoriality: challenges to social policies for disability in Brazil

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From the 1970s, the debate in the humanities and social sciences on how to understand the disability phenomenon influenced decisively the way for countries to assess the social and health conditions of their populations. From an understanding based in biomedical knowledge, the assessment of disabilities began to be based on social, cultural, political and attitudinal aspects to describe disability beyond a reductionist judgment on aesthetic or biological standards of a body with abnormality. Thus, disability is no longer a construct of nature and mere identity sign, but above all a social, historic and political relationship of power which inscribes the bodies with variations in inequality and oppression situations.

Facing disability as a relationship permeated by inequality and oppression means to redirect the way we need to give answers to repair the injustices faced by people with disabilities. The so-called social model of disability, which began in the UK during the 1970s, was responsible for weakening the biomedical paradigm of disabilities, which for a long time had the hegemony of scientific authority to explain what disability was (Diniz, 2007). This change had consequences when shifting disability from a mere problem located in the health sector and of technological advances for a change that demand investments in public and social policies that promote equality between people with and without disabilities.

The social model of disability has its origin in the social movements of disabled people, which pointed the inadequacy of the biomedical paradigm in describing it as an experience of inequality and oppression (Ibid.). Gradually, the social model entered the academic spaces, favoring a thorough review of social theories that provided analytical views to situations

of oppression through the body in a similar trajectory to other themes, like feminism, gender and anti-racist theories, who also reported historical constructions of oppression. After this movement, the next step was the review of legislative and legal frameworks around the world to carry out the incorporation of principles of the social model in public policies for people with disabilities.

After an intense process of revision of the International Classification of Impairments, Disabilities and Handicaps (ICIDH), in 1980, the World Health Organization (WHO) published the International Classification of Functioning, Disability and Health (ICF) in 2001. The ICF was based on the debate about public health and contemporary epidemiology, besides the principles offered by the social model of disability, and sought to provide a tool to assess overall health situations in which people are inserted (CIF, 2003). ICF differs from the International Classification of Diseases (ICD) because this worries about the causes of the diseases, while the ICF focuses efforts on assessing the consequences for one's life of a specific health condition (disease, disability and incapacity) that may lead to restrictions of social participation in everyday life and in the community.

In 2006, the United Nations (UN), during the General Assembly, approved the Convention on the Rights of Persons with Disabilities. For the first time, there was broad democratic participation of disabled people in the discussion and preparation of this document. In its first article, the UN Convention states that

> persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (2009a, [on-line]).

On the one hand, the use of ICF as a directive of public and social policies, as set by the WHO, establishes a set of challenges to public actions, which should redress injustices based on the guidelines of the social model of disability. On the other, the incorporation of the UN Convention to the Brazilian law, through the ratification of the Convention in

2008 by the Congress, requires a set of practices for the correct application of its principles. The objective of this paper is to present an analysis of the institutionalization of guidelines and principles of the Convention on the Rights of Persons with Disabilities, of the UN, according to discussions of interdisciplinary and intersectoriality in social policies, in order to identify the main challenges for strengthening the social model of disability in the country.

After the Constitution of 1988 and social policies for people with disabilities

According to Pereira (2014), social policy is a complex concept, which does not suit the pragmatic idea of mere provision, governmental act, technical income or decisions taken by the State and vertically allocated in society. Understanding social policy requires thorough effort of knowledge of the movements, trends and relationships (Ibid.). Thus, social policies ultimately constitute a complex set of nature and function able to provide a social safety net such that citizenship rights are achieved for the realization of basic human needs of people. In turn, to Castel (2005) social protection is the condition of possibility for people to form a society in which individuals have access to a set of resources and rights to maintain relations of interdependence with everyone.

According to Di Giovanni (1998), to understand the meaning of social protection is necessary to locate the institutionalized forms in societies to protect part or all of its members from certain natural or social experiences arising from specific moments, such as age, sickness, material deprivation , restrictions skills, inequality in the promotion of opportunities, detachment from the world of labor, etc. Social protection is effected by means of resource redistribution mechanisms, with the objective of benefiting those unprotected by the efficiency of the economic system, promoting equal opportunities and reducing inequalities related to negative factors that reduce the potential and the autonomy of people. Therefore, social protection depends on economic, political, social and cultural relationships that are modeled to depend on each specific context.

Thus, analyzing the protection of the rights of persons with disabilities in Brazil means, first of all, to contextualize the Brazilian insertion in the global economic scenario. The social security systems tend to be structured with reference to the social organization of work, although they are quite different in each country, due to structural and economic issues. This organization depends on Brazil's insertion in the international division of labor, of the socio-economic development level of the country, the level of industrialization, the formation of the labor market, among other demarcations, such as manufacturing and social security legislation. Thus, the challenges for social protection of disabled people in Brazil have direct relationship with such characteristics that mark the place of inscription of people in the labor world, which certainly will be different from the major capitalist countries.

For example, the Brazilian social security, inaugurated with the Federal Constitution of 1988, incorporated principles of two models: the insurance logic (contributory, as the Social Security) and universal logic (as is health, besides the non-contributory logic of social assistance). However, the necessary constitutional affirmation of the social security system in the country in the late 1980s was not enough to create objective conditions from the 1990s to the materialization of the extended social protection to all citizens and to the disabled, in particular (Boschetti, 2006). Social welfare, largely dependent on the contributory logic of social security, opened flanks in the social protection system, only softened over the 2000s with the emergence of the Single Social Assistance System in 2004.

The analysis of the incorporation in social policies of the principles of the Convention on the Rights of Persons with Disabilities of the UN, in 2006, incorporated into Brazilian law in 2009, should consider this scenario. As different approach forms of rights can reflect different perspectives, because the focus of rights is one of the main organizing tools of social and political life, guaranteed protections may cause a change of the social framework of a particular society (Edmundson, 2006; Roig, 2006). In this sense, at the peak of struggles and political articulation during the 1980s in Brazil, social movements linked to deficiency causes understood this concept and were responsible for the claim of several rights guaranteed in the Constitution (Figueira, 2008; Sassaki, 1990). This policy articu-

lation was no different at the time of ratification of the UN convention, with constitutional status in 2008 (Diniz; Barbosa; Santos, 2009).

The articulation of diverse social movements and the political and social pressure during the Constituent period in the late 1980s gave emphasis to disability. Education, labor, accessibility and social assistance now had constitutional guidelines that favored the emergence of various policies to meet the demands for inclusion and citizenship of people with disabilities from the 1990s. However, such scenario represents modest gains compared to the many challenges to overcome in the last two decades, as can be seen in the inclusive education policy, labor market, removal of architectural barriers, accessibility, sports policies, leisure and culture, among others. Thus, in 2008, the Convention on the Rights of Persons with Disabilities was analyzed by the Brazilian Congress, which allowed this international legal instrument of human rights to have constitutional status in its application in the Brazilian law.

The Convention and the challenges in the Brazilian case

The approach on disability, especially in recent years, as one of the issues in the sphere of fundamental rights, of course, is revolutionary from the point of view of the conditions created to change the reality of persons with disabilities. In recent years, many democratic countries have made efforts to establish legal frameworks and public policies to provide answers to the idea that inclusion and social protection, that is, the right to participate in society on an equal basis with others, are necessarily fundamental rights of everyone. When the State does not promote such public actions, it contributes to the reproduction of conditions that maintain inequalities.

In this conception, during the General Assembly in 2006, the UN approved the Convention on the Rights of Persons with Disabilities as one of the most important legal and juridical frameworks so far for the protection of human rights of people with disabilities, establishing the attributions of the member states that adopted the convention. The innovation of the convention conceptions are mainly due to four reasons: it demarcated the change from assistance to the rights of disabled people, causing

changes in the regulatory framework of signatory countries; introduced the language of equality to grant equal treatment to persons with disabilities; recognized the need for autonomy with support for persons with disabilities; and turned the understanding of disability as part of human experience (Dhanda, 2008). The convention has the ability to refute the belief that, for years, was part of social and cultural values in many countries: that a disabled life is less valuable and that therefore the protection of a disabled life may contribute to the valorization of human diversity.

According to the text of the convention, the purpose of the document is the promotion and protection of human rights to ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, promoting respect for human dignity (Brazil, 2009a). This purpose opens space effectively to the full implementation of public and social policies that are capable of materializing fundamental rights of persons with disabilities. On the one hand, this prerogative is not exactly a special treatment to persons with disabilities in the midst of the materialization of public policies in regard of other specific groups, but, on the other hand, it challenges the functioning of the Brazilian state to find solutions and alternatives for implementing actions that dialogue with the exercise of citizenship and spaces that promote the autonomy of individuals.

Studies show that people with disabilities have fewer years of schooling than others, they live in the poorest families, cannot get a job, face major barriers to urban mobility, access to school, leisure politics and culture, have access difficulties to personal care and health care, among others (Brazil, 2015; Neri; Soares, 2004; Pires, 2009; Souza; Carneiro, 2007; Vaitsman; Andrade; FArias, 2009). In this context, the materialization of social policies in Brazil is challenging, especially for the group of persons with disabilities, which makes the incorporation of the UN Convention principles in Brazilian public policy even more complex.

Interdisciplinary and intersectoriality in social policies

The social model started considering the issue of disability as a socially constructed problem related to barriers to full integration of individuals into society. It is not an individual attribute, but rather a complex set of conditions created or exacerbated by the social context. This reinterpretation of disability from the perspective of the social model redescribes it as a restriction of participation of people with disabilities in society on an equal basis with others. This approach is based on the evaluation of various barriers (economic, political, cultural and attitudinal) encountered by people in their daily lives. That is, the deficiency is not the product of individual failure, but a matter socially created (Barnes, 2009).

Much of the principles of the social model were incorporated into the ICF, which favored the application of principles of the social model in policies for disabled people in several countries. The ICF allows evaluating the situations of disability because it evaluates functionality as positive aspects of the interaction between an individual (with a particular health condition) and their contextual factors (environmental and personal factors) (CIF, 2003). Thus, when the interaction takes place in a negative way, there are situations of disability. That is, the ICF gets to deficiencies due to assessing the consequences of the impediments (conditions and health status), and not by its causes.

ICF was adopted in Brazil in 2003 and since then began to influence social policies for people with disabilities (Ibid.). Embryonic in health and public transportation mobility policies and more incisively in social assistance policy in 2007, Brazil initiated the incorporation of the principles of the social model in its policies, programs and actions directed to people with disability even before the adoption of the UN convention in 2009 (Brazil, 2007; Pires, 2009). Using the guidelines of the ICF as guidance to public policies aims mostly at undermining the hegemony of the biomedical model, which, for years, described and assessed the deficiencies.

To a large extent, the centrality of biomedical power in the characterization of deficiencies makes it a challenge the appreciation and the

consequent intervention to redress the injustices of life of disabled people. To Castel,

> to medicalize a problem is more to rearrange it than solve it, because it means to empower one of its dimensions, work it technically and thus cover its overall socio-political significance in order to make it a 'pure' technical issue , ascribed to the competence of a 'neutral' expert (1978, p. 189).

That is why the biopsychosocial approach to the ICF gains importance for social policies.

Thus, two of the main objectives in the use of ICF also end up becoming the main challenges to implement it: how to assess people with disabilities in biopsychosocial perspective? How to intervene in the reality of people with disabilities in order to remedy injustices, overcome barriers, ensure basic needs and promote citizenship through full compliance with their demands? To the first question, it is necessary to deepen the discussion of interdisciplinarity as a guideline of action of professionals involved in the materialization of social policies. In turn, for the second part of challenges, the discussion of intersectoriality in social policies becomes an essential prerequisite for how public responses should meet the demands for justice and equality of persons with disabilities.

Interdisciplinary in social policies for disability concerns, above all, the way the evaluations of people with disabilities should occur in order to select which are the people who should have access to goods, services, and specific programs and policies. It is the moment of medical examination, which is the first contact people have with public policies. If before the pragmatism of the International Classification of Diseases and Related Health Problems circumscribed a limited space and, in addition, an objective arsenal to deal with the disability ratings, currently with the prospect of the ICF and the UN convention, assess who are the people with health conditions who experience disability that should not do without the biopsychosocial perspective to place deficiency in its relationship dimension with the social environment and barriers.

Interdisciplinarity in social policies applies not as a proposal for destruction of specialization, as it sets the particular which is realized in the universal and vice versa, but as an invitation or warning to the specialist so that it becomes also a subject of the totality (Pereira, 2014). Interdisciplinarity, in this perspective, assumes that there is complementarity, horizontality and inter-relationship between the knowledge that form teams and/or institutions responsible for assess processes of people with disabilities. And the idea is not to draw attention only to the initial moment of diagnosis of etiological basis for health and therapeutic interventions, but to shed light on the large, dynamic and continuous processes of professionals involved in public policy and other interventions, in which the assessment of people with disabilities should strengthen the principles of the social model present in the ICF and the Convention.

The centrality of biomedical knowledge occupied an important place in the historical process, which circumscribed explanations and destinations for people with disabilities (Corbin, 2006). That is, before the structuring of modern medicine, disability, on the one hand, was subject to mystical and religious explanations, whose intervention often resulted in social practices of corrective, moralistic and discriminatory bias (Ibid.). On the other hand, medical knowledge learned to demystify disability, but essentialized it and naturalized it, as the paradigm of biomedical knowledge redescribed a disabled body as a deviation from the norm, therefore, susceptible of correction and healing. This movement, important to bring disability to the field of modern interventions, brought hard consequences to overcome, mainly regarding the need to address the legitimate demands of people with disabilities, as well as those linked to health interventions such as access to social rights, legislative changes for universal inclusion, and protection of dignity in diversity and addiction, among others. Thus, interdisciplinarity plays a decisive role in overcoming the biomedical centrality and at the same time strengthening the paradigm of the social model of disability.

Therefore, interdisciplinarity suggests reciprocal relationship between different knowledge with its specific and inherent contradictions, considering the rebuilding of the segmented unity of knowledge, which

in reality is not compartmentalized. In addition, in interdisciplinarity, different knowledge intertwines to modify and enrich professional practices (Pereira, 2014). In this sense, multidisciplinary, i.e., the set of multiple knowledge that conform a practice, must have interdisciplinarity as role model and guiding principle to cement and strengthen the understanding that, before demarking identities, disability is a social relationship in which people experience participation restrictions due to the lack of adaptations of environments and structures and discriminatory attitudes.

Along with the practice of interdisciplinarity, intersectoriality gains increasingly more strength as a guideline for social policies. It is no different for actions directed to persons with disabilities. Intersectoriality is understood as an instrument of knowledge optimization, of skills, through synergistic relationships, sectoral policies towards a common goal to achieve a shared social practice (Ibid.). Intersectoriality in social policies requires research, planning and evaluation for the implementation of joint and integrated actions among other actions with different functions and objectives, seeking complementarity of these actions in order to enhance the goals to be achieved by certain social policies in an integrated vision to meet the demands of individuals (Ibid.). That is, through intersectoriality, social policies have more conditions to achieve the comprehensive care goals to the demands of persons with disabilities.

For example, when people with disabilities look for a health service, usually the location offers only one type of service to meet their demand. However, a health demand may have determinants related to education, labor and employment, social assistance, social security, mobility, access to culture and leisure, so the health service must offer this dimension in comprehensive care, through a joint work with other sectors and policies. For the health claim to be effective there must be a relation between health and the areas of social assistance, social security, education, labor and employment, sports and recreation and culture, among others. Intersectoriality allows a new front of action in social policies, so that actions have this practice as a goal and professionals act in this perspective, guiding them in the technical and professional work of health teams that serve people with disabilities.

In addition, government initiatives have a crucial role to promote intersectoriality in social policies, mainly because intersectoriality has to do with how policies and other existing public actions must act jointly and in an integrated manner in order to meet the demands presented by users. For persons with disabilities, since 2011, Brazil has the example of the National Plan for the Rights of Persons with Disabilities – *Living without limits*, established by Decree nº 7612 (Brazil, 2011a). Altogether there are 15 ministries with specific tasks in *Living without limits*, which, in its article 3, establishes its guidelines, such as: the guarantee of an inclusive education system; expanding the participation of people with disabilities in the labor market; increased access of disabled people to social assistance and fight against extreme poverty policies; the expansion and qualification of the health care network to people with disabilities, especially the habilitation and rehabilitation services; besides promoting access, development and innovation in assistive technology. Actions such as these, from the federal government, states and municipalities, can greatly promote the intersectoriality of public actions.

The case of social assistance and social security policies in Brazil

One of the first policies that fully adopted the concept of the UN convention of person of disability was the social assistance policy through the Continuous Cash Benefit (BPC), of the Organic Law of Social Assistance in 2011 (Brazil, 2011b). Created in 1993, BPC is one of Brazil's biggest income transfer programs and is responsible for ensuring a minimum monthly salary to more than 3.1 million elderly people aged 65 or older and disabled people who do not have means (nor by the family) to provide for their survival. Along with the Bolsa Família (Family Grant Program), BPC is seen as structuring of the social assistance policy (Vaitsman et al., 2009).

The BPC case is emblematic to examine the challenges of implementing the directives of the social model, because even before adopting

the concept of the convention in 2011, the law of social assistance benefit already used the guidelines of ICF since 2007 to assess people with disabilities applicants for social protection (Brazil, 2007; Santos, 2010). After over ten years using a variety of different models to assess people with disabilities, the Ministry of Social Development and Fight Against Hunger, responsible for managing the welfare benefit, decided to adopt, in 2007, ICF in medical experimentation for granting the benefit in order to incorporate the social model, replacing the biomedical hegemony in the evaluation of deficiencies for granting the benefit. So when there was the ratification of the UN Convention with constitutional status in Brazil, in 2008, the operation of the BPC was already more sensitive to the incorporation of the convention principles.

The need for improvement is constant in any public policy and, in the case of BPC, is no different. The process of evaluation of deficiencies for granting assistance benefit has gone through several improvements since 2007 and in 2015 reaches its third version of the assessment instruments, which shows how the implementation of the social model principles are challenging, and adjustments are continuous and needed (Brazil, 2009b; 2011c; 2015). With the incorporation of the concept of disability of the convention in 2011 to the law of the welfare benefit, the main challenge has become finding appropriate ways of assessing long-term impediments, according to the convention (Brazil, 2009b). In the case of BPC, it was established that long-term are those impediments over two years (Brazil, 2011c). On the one hand, this brings objectivity to the evaluation process. On the other, this two-year delimitation may also have consequences for the scope of social protection of the welfare benefit when it is not extended to people with impediments of short duration, but that could gather the necessary conditions to access social protection.

The social security policy was the second policy that started to adopt the concept of person with disabilities according to the terms of the UN convention and, therefore, in accordance with the paradigm of the social model of disability. It was through the assessment process of pension by age or time of contribution of people with disabilities after the publication of the Complementary Law nº 142, in 2013 (Brazil, 2013a). The law aimed to provide differential treatment to persons with disabilities upon

request of their retirement by stating that if the people of the Brazilian Social Security System had a mild, moderate or severe disability, they could retire, respectively, two, six or ten years earlier, when compared to people without disabilities (Brazil, 2003).

According to the article 5 of the convention, which states that "specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination" (Brazil, 2009a, [online]), the law 142 aimed to improve the social security policy for people with disabilities as well as to incorporate the guidelines of both the convention and the ICF to the evaluation process of people with disability claimants of social security protection (Brazil, 2014). As established by the Joint Ordinance nº 01 of 2014, the assessment of disabilities for retirement applicants of the law nº 142 will be performed by medical expertise and the social service of the Brazilian Institute of Social Security in order to characterize the disabilities and long-term impediments, besides establishing a gradation in mild, moderate and severe disabilities, as required by law (ibid.). As in the case of BPC, the Law nº 142 seeks to ensure interdisciplinarity as a guideline to be considered in the disability process of evaluation.

Since its beginning, the assessment of people with disability that required retirement according to the law nº 142, in March 2014, reached more than 39,000 people that were evaluated and almost 13,000 had disabilities characterized under the law to fit concessions retirement adopting the new criteria.[1] The decree published in November 2014, ensuring the start of evaluations of people with disability that required retirement, specified that, for a period of two years, the assessment process for people with disabilities had to go through accompaniments and improvements, with the aim of improving, above all, the instrument used in the evaluation process (Brazil, 2013b, 2014; Franzoi et al., 2013). The constant improvement process of evaluation of the instrument relates mainly to the forms of gradation of disability, but also to the necessary improvements to promote interdisciplinarity in the assessment process, which can greatly

1 Internal management data provided by the Brazilian Institute of Social Security.

strengthen the principles of the social model present both in ICF as in the UN Convention.

Final considerations

It is long and challenging the way for the incorporation of the guidelines of the social model of disability, establishing a new paradigm for understanding the intervention of public actions aimed at the disabled person. The Brazilian case is emblematic, because the challenges for the institutionalization of the principles of the convention have not been sufficiently paralyzing. That is, given the complexities in the management and implementation of social policies, there has been some success in the venture, as shown by the cases of health care policy, through the Continuous Cash Benefit (BPC), and also the social security legislation through the retirement of people with disabilities, established by the Supplementary Law nº 142.

The need for constant improvements of the disability evaluation process has been a requirement in the legislation of both the BPC and the Complementary Law nº 142, mainly regarding interdisciplinarity understood as the exchange of different knowledge, enriching one or more field of knowledge (in the case of BPC and the law nº 142, there is the medical expertise and the social service of the Brazilian Institute of Social Security) in the evaluation process of the deficiencies in order to incorporate the precepts of the social model of disability.

In addition, social policies aimed at people with disabilities will need, from now on, to empower increasingly intersectoriality as a condition to meet in a joint and integrated manner the various demands of persons with disabilities. Intersectoriality must be understood as more than a mere adjustment due to the incompleteness of various sectoral policies, seeking to achieve mechanisms to dynamize and strengthen the goals of all social policies integrally. The progress achieved in social assistance and social security policies, as discussed previously, should be a motivating factor to other policies such as health, labor and employment, transport, culture and leisure, sports, among others, able to carry on the principles of

the convention that result in changes in of practice for the enhancement of human rights and citizenship of people with disabilities.

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