

Socio-environmental vulnerability and early childhood care: the approach of occupational therapy regarding the day care work

Vulnerabilidade sócio ambiental e o cuidado na primeira infância: o olhar da terapia ocupacional para o trabalho em creche

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<http://dx.doi.org/10.11606/issn.2238-6149.v28i3p281-9>

Jurdi APS, Teixeira PA, Sá CSC. Socio-environmental vulnerability and early childhood care: the approach of occupational therapy regarding the day care work. *Rev Ter Ocup Univ São Paulo*. 2017 Sept.-Dec.;28(3):281-9.

ABSTRACT: Education and care are articulated in early childhood and are understood as complementary to family care. Caring, educating, and preventing the risks for child development are part of the action of Occupational Therapy and are essential for early childhood care. This study verified the socio-environmental vulnerability of a Brazilian territory and its developments in the health care process within the education system. Semi-structured interviews with professionals and family members and observation of children in a day care center were conducted as part of our qualitative study. We observed that the structural changes in the region are associated with poor health and precarious hygiene conditions and that they put the territory, the day care center, and the inhabitants in a situation of vulnerability; the day care center is seen as the place that mitigates the risks for the children; their families are affected by the fragility of the health care networks, and the day care center arises as a support place that reduces their difficulties with childcare; intersectoral actions are fragile, and the day care center does not find a support network in the health care and social assistance systems to strengthen partnerships and promote concrete actions. We highlight that, before a complex panorama, the intersectoral approach has been a powerful tool for addressing situations of social vulnerability and for early childhood care.

KEYWORDS: Child rearing; Intersectoral collaboration; Occupational therapy; Child; Child day care centers/human resources.

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RESUMO: Educação e cuidado articulam-se na primeira infância e são concebidos como complementares aos cuidados da família. Para a Terapia Ocupacional cuidar, educar e prevenir os riscos de desenvolvimento infantil faz parte de sua ação e são aspectos essenciais de atenção na primeira infância. Esse estudo verificou a situação de vulnerabilidade do território e os desdobramentos no processo de cuidado em saúde no âmbito educacional. Estudo qualitativo utilizou entrevistas semi-estruturadas com profissionais e familiares e observações com crianças na creche. Observou-se que as alterações estruturais presentes na região são aliadas a pouca saúde, condições precárias de higiene e colocam o território, creche e moradores em situação de vulnerabilidade; creche é vista como o lugar que ameniza os riscos para as crianças; em relação às famílias surge a fragilidade das redes de cuidado e a creche surge como lugar de apoio às dificuldades encontradas no cuidado com a criança; ações intersectoriais frágeis e a creche não encontra uma rede de apoio na saúde e assistência social no sentido de fortalecer parcerias e ações concretas. Destaca-se que frente a um panorama complexo, a intersectorialidade tem sido ferramenta potente para enfrentar situações de vulnerabilidade social e para o cuidado da primeira infância.

DESCRIPTORES: Educação infantil; Colaboração intersectorial; Terapia ocupacional; Criança; Creche/recursos humanos.

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No funding.

Research Ethics Committee: 0802/15 CAAE: 46795815.6.0000.5505

Note: The material presented here is part of a research carried out in an undergraduate thesis. The authors state that the contribution is original and that the text is not being evaluated for publication by another journal.

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INTRODUCTION

Early childhood in Brazil has been the subject of policies, of investments in research on child development, and of health care models, thus changing the proposals for intervention and the health care practices to this audience. However, although the interest in early childhood leads to changes, it is possible to see that our society is still inert regarding its problems. The lives of many children who live in urban centers follow their course: precarious housing, lack of food, of clothing, and of who to turn to when they experience violence.

Many of these children become adults still in their childhood because of their early work and of the survival tactics they need to develop to continue existing. Throughout history, Brazilian children have been part of the risk population, as we see their right to life, health, physical and mental well-being be violated every day¹.

In Brazil, recent studies on early childhood have pointed out the need to rethink the care model to children with special educational needs, broadening the focus of care to the family and to the natural contexts of the child^{2,3,4}.

According to Machado², the model of early intervention in childhood, thought of as a set of practices designed to promote development conditions, has been adopted in research and intervention in adverse situations in childhood, specifically regarding environmental risks.

In this model of intervention, by considering the natural contexts of children as protecting their development and ensuring their rights, the day care center appears as one of these contexts, serving children and their families.

The concept of health developed in the Winnicottian theory leads us to think individual and society as so interconnected that it is possible to think how a hostile social environment can cause devastating effects in the personal maturational process of each of these children. If we assume that society's health depends on the mental health of the individuals who compose it, and that it is necessary for all to exercise their social role, a democratic society is threatened in terms of its health when its members remain at social risk, without their rights ensured or without an environment that promotes integration and maturity¹.

According to Winnicott⁵, we cannot evaluate a man or a woman without considering their place in society. In this sense, when considering a day care center as the natural context of children who often are in situation of vulnerability and impairment to their development, it is up to occupational therapists to expand their range of intervention and analyze

the environmental context as one of the factors that can interfere in the process of child development.

The discussion on the interface between occupational therapy and education has been deepened in the academic and professional fields. In Brazil, occupational therapists often develop their activities within special schools and institutions specialized in caring for people with disabilities⁶.

However, the changes in education and in educational systems that have taken place worldwide and nationally made the practice of occupational therapists, until then restricted to institutional spaces of special education, widen the range of its interventions and start to also focus on other scenarios⁷.

By transcending the care to people with disabilities and expanding its scope of practice beyond special education, occupational therapists are turning to the community, to groups of socially vulnerable individuals, highlighting questions concerning citizenship and rights⁸.

Rocha⁷ states that the work of Occupational Therapy in Education cannot be directed only to some groups of students and educators but developed along with collectives. Thus, one needs to consider that there is not a student and his/her teacher at school: there is the school, its students, its teachers and the proposed educational process, and a school routine. To the author, these assumptions define the displacement of the object of intervention of occupational therapy in education, from the action about and with the individual with disability or some "handicap" to an action in an educational space composed of different collectives that interact with and affect each other every day.

Therefore, occupational therapy must excel at unveiling the different meanings that "difference" can have for all those involved in inclusion, proposing the deconstruction of the superstitious imaginary regarding diversity, whether of race, gender, social class, disability, or any other in the educational context⁷.

The situations of social vulnerability affecting many children in Brazil are one of the challenges that occupational therapy finds in its interventions in the education field. Gontijo et al.⁹ state that the actions of health promotion in schools must focus on the confrontation and overcoming of situations of vulnerability.

Regarding early childhood, the study by Barba et al.¹⁰ points to the difficulties that arise in the first three years of life of an individual. For the authors, education and care work together in early childhood and are understood as complementary to family care. In this sense, the intersectoral work potentiates actions and practices and strengthens public policies. The Program of School Health (PSE – *Programa Saúde na Escola*) has been a reference for this intersectoral articulation, and it aims to consolidate the relationship

between health and education, directly in the territories, by the articulation between health services and preschools, elementary schools, and high schools, promoting collective reflections and actions, to build new knowledge about health and emphasize health promotion¹¹.

Caring, educating, and preventing the risks for child development are part of the action of Occupational Therapy and are essential for early childhood care.

In this sense, the work of occupational therapists in education focuses on the school routine, on the relationships that take place there, on the importance of the environment in the constitution of the subject, and on how the day care center is integrated to the territory in which it is inserted, understanding that families, schools, and neighborhoods operate as socializing contexts that form an important part of the children's development¹².

In this sense, this article aims to present the result of a study conducted in a day care center, which prioritized looking at its environmental context and its territory to analyze how they affect the development of these children.

The role of the day care center in the promotion of child mental health and development

Early childhood educational institutions and day care centers emerged from the current changes that took place in society with the entry of women in the labor market. Because of this, the care of small children, previously assigned to the mothers, starts to be conducted by other close relatives or educational and asylum institutions that end up performing the role of caregivers¹³.

In Brazil, day care centers perform a key role in child development: they are references of interaction and exploration of the spaces, materials, and possibilities children need to acquire autonomy, which are desirable in adequate, safe, and stimulating environments¹³.

When providing care and education for children under three years old, day care center also take responsibility for the psychic constitution of these children who, at an early age, must face the social field before their identity is established¹³. In this sense, when addressing child development, one must consider not only the individual, but the individual-environment dyad.

In a broader perspective, one needs to think how school and neighborhood are integrated and how family and school dialogue. The relationships that allow us to prepare occupational therapy interventions are developed precisely in the school routine. According to López¹⁴, the learning of students is closely related to the relationships they establish with their teachers. However, beyond the

school routine, the author expands his understanding of the relation between school success and failure by saying that the everyday relationships are reflections of the relationships that occur between family and school, between the education and social fields, and between the educational systems and the societies in which they are inserted.

Social and spatial segregation has been one of the topics approached by López¹⁴. Result of inequality and lack of social cohesion, segregation is one of the most challenging expressions of the social scenario, weakening and harming the relationships between school and neighborhood. For the author, the challenge currently proposed is enabling children to receive quality education in each of these spaces, territories, or urban scenarios.

METHOD

This study followed the assumptions of the qualitative research that focus on the study of the history of individuals and their social relations, their beliefs and values, their way of life, being characterized by empiricism and progressive systematization of knowledge, of the internal logic of the group, or of the process under study¹⁵.

The field of research was a day care center located in the Vila Nova neighborhood of a city of the Baixada Santista metropolitan area, as well as the territory in which it is located, and the research took place in two stages. The first focused on observations of the day care center and on the contact with its actors: educators, children and technical team, family. In this stage, the school routine, the physical space, the classrooms, and the children were observed. Semi-structured interviews were conducted to provide a space in which they could talk about their experiences, the social conditions of the families, and the understanding that educators have about child development and about its relationship with care, education, and health.

The interviews were recorded and performed with five day care professionals, among them principal, pedagogical coordinator, and educators, and with five mothers who have children enrolled there and who agreed to participate in the study. The project was submitted to the Human Research Ethics Committee of the university and approved under the no. 0802/15.

The second stage consisted of knowing the territory in which the day care center was inserted. Who are the people who live there? What is their relationship with the day care center? To give legitimacy to the qualitative analysis of the urban spaces, allowing the approximation and involvement with the place was necessary. In this stage, getting closer to the older residents of the neighborhood, observing the flows,

and identifying the outlines were important factors for the construction of the research. This stage required the use of field journal as a record of the observations.

Thus, school and neighborhood spaces were considered as places of study, understanding the macro and micro view to broaden and deepen the observations and articulations of how these territories – by observation, history of the neighborhood, and statistical data – produce an overview of the context of the Vila Nova neighborhood.

RESULTS AND DISCUSSION

The results were divided into two topics. The first shows the contact with the reality of the territory in which the day care center is located, and it is presented by the narrative of the researcher. The second topic shows the health care process within the educational context, and it is presented by excerpts of the interviews with professionals and families.

Vila Nova. The neighborhood. The territory – impact on the life of its inhabitants

Walking down the streets, seeing the tenement houses, experiencing the smells, allowing oneself to be delighted by the inhospitable. It is hard to think that these spaces were once inhabited by the richest and traditional families living in the city, encircling the current Municipal Market. One can recognize this history amid the dirt, rust, and wear of the Portuguese and Spanish tiles, wrought iron fences, and colorful facades. The contours of the city change according to the economy and politics; the expansion and some territorial facilities naturally change the face of the city. The rich ones change residency, and the faces that come to inhabit the old mansions also change.

Now, a dozen or more families share the same space – these structural changes are combined with poor health, precarious hygiene conditions, poverty, crime, prostitution, and vulnerabilities.

However cruel this reality may be, presenting itself in the form of stink, mistreatment of people, ground as bed and marquee as ceiling, today one can see kites in the sky, children scoring goals in cans, more people than cars, small businesses, more warmth, more play on the street, and more childhood.

The environment is not suitable for playing: it is close to the canal, which stinks, and the geography of the place offers risks of falls, in addition to the traffic that often prevents them from playing. A kid plays soccer and says: “That’s why it’s better to play at night, because there’s no cars...” When asked about the violence in the surroundings,

he answers: “everybody thinks it’s dangerous here, and because of this nobody comes here, then it’s empty, without danger and without people, so it’s the best place we have...” and continues when asked about the lack of multisport spaces: “Yes, lady, it’s better even than if we had a sports court...” That is, the street helps and does not hinder their play, the street is alive, the children are shirtless, barefoot, laughing, their toys are the most varied, the street is free, any toy and play fits there, there is a lot of imagination when there is no money to buy the “best” toys.

Rooms for rent, yellow lights, puddles on rainy days, waste pickers, *Bom Prato*, assistance projects, cages in the streets, kites on the power cables, the feeling of a place whose abandonment lies not only in the architecture, facades, canal, and streets, but in the people, in what they eat and how they live.

Misused sports courts; the street space occupied in the most different ways; increased car traffic; high tide and floods near the canal; the bad smell of the bay mixed with grain deposits; perimetral avenue; abusive use of alcohol and other drugs, as well as trafficking and drug houses all over the neighborhood; stigmatization of a region with many brothels. All these features cause its inhabitants to expose themselves to several different risks and dangers, thus resulting in distinct vulnerabilities.

According to Marandola and Hogan¹⁶, territorial identity can be formed from the urban memory and collective experience of history, which are established from the transformations of the neighborhood. Mobility and permanence are key elements to understand these processes, since this neighborhood has this feature of population turnover, because of its social and infrastructure needs.

The health care process within the educational context

In this city of Baixada Santista, the public education network, according to standard of the Municipal Secretariat of Education (SEDUC – *Secretaria Municipal de Educação*), is formed by Municipal Education Units (EMU – *Unidades Municipais de Ensino*) divided in the four areas of the city and in accordance with the educational cycles. The teaching unit that was part of the study is in the Vila Nova neighborhood. Opened in 2009, it provides care in Early Childhood Education (Nursery I and II and Day Care) and is located in a territory with high vulnerability. Despite being installed in a four-story vertical building, this educational unit offers physical conditions suitable for the care of children. There are 11 classrooms, several bathrooms, play spaces, and a refectory suitable for the age range of the children, in addition to the management

rooms (principal's office, secretary's office, storeroom, teachers' room).

The speech of Professional 1 refers to the number of people met and who work in this teaching unit:

"Here there's a lot of everything. There's a lot of kids, a lot of employees, a lot of teachers, it's a big school. People sometimes get lost in here. I have a universe of 150 babies, 150 parents who come here, 90 employees and teachers. It's an average of 400 people circulating around here on a daily basis. All you're going to do is large-scale." (Professional 1)

The concept of care and education of the professionals is crossed by the actual conditions of the territory. Tight amid greengrocers, tenement houses, gates, and facing a market, a vertical day care center with blue gate and fence: the little ones who enter through there are unaware of the history those walls carry.

"When we arrived, we did a survey of what was this building; it was once a hostel for immigrants. For a while it was a shed, one of the many in the neighborhood, to store and stock grains and flour. Then it was transformed into an adult motel and many rooms were rented for prostitution; and, finally, with the deterioration of the building, it became a tenement house – many parents report having lived here. Then the residents were evicted, the building was closed by the city hall, and the current owner purchased this building and reformed and adjusted it already thinking in transforming it into a day care center to house the school. There is no land in the region for the construction of a horizontal day care center, thus the city hall rents this building for five years, with renewal for five more, so there is no perspective of leaving it." (Professional 1)

Topics such as trafficking, violence, social inequality, and exclusion appear as elements that stimulate the discussion and support the understanding of the concepts about risk and vulnerability¹².

"Many tenement houses, very poor hygiene, precariousness, many families living in the same environment, in a single room, a precarious situation in every way. Many brothels, many children of prostitutes; these children are exposed to complicated situations of risk [...]." (Professional 2)

"Many homeless people, families have little resources, and those that have a little more don't live here. Most live in tenement houses or in shelters of the city hall, this is a

region with a lot of tenement houses. For child development, we know that stimulus counts a lot. Our class is here since their period of adaptation and they've advanced a lot, not just from crawling to walking, but in everything: autonomy, picking up a shoe, little things we're stimulating them to do. Monday is the day they eat more, but it is also the day they have diarrhea, because they either don't eat or eat junk food in the weekend." (Professional 3)

Marandola and Hogan¹⁷ address, in their studies, how places and regions are affected by a process of social amplification of risk. For the authors, images and stigmas are created by various social actors and can label cities and neighborhoods in such a way that, in the social imaginary, the place becomes represented and qualified by this explanation.

According to the interviews with the professionals of the UME, from the question of who are the children who attend the day care center, we identified the same answer in all of them, characterizing the kids from their territory, that is, that most of them live on the region of the market, downtown, also identifying them as from "very poor and unstructured communities and families."

In an article reporting a course aimed at teachers who work with children and young people in situations of social vulnerability, Gontijo et al.⁹ say that the concept of vulnerability was seen by the teachers as a fixed state or condition, stable and definitive in the lives of those children. Regarding the causes and consequences of the social vulnerability, the teachers pointed to their families as the main cause, missing the reference to the social and economic conditions of these families.

By pointing the vulnerability as something fixed and stable, the professionals exempt themselves from their responsibility in this context and lose sight of their role of protection and care to this population. According to Gontijo⁹, teachers and other education professionals must be aware of the relationship between social vulnerability and education, since the school setting and education are protective and conducive fields for overcoming the context of social vulnerability.

Similarly, the pedagogical project also seems to be affected by the social conditions of the neighborhood:

"In here we have many pedagogical projects that happen, and I make sure they do, I can't see the day care space as an area of care, we must work on three fronts: caring, educating, and playing. But because of the situation of vulnerability that these children experience, often we need to give up teaching and emphasize care. Monday morning is the day to reinforce their bath, their feeding, because

after two days without coming to school, we can see the difference in the hygiene and the breakfast always has to be more reinforced, we try not to let care overlap education and play, but there are moments in which we need to focus more on this.” (Professional 2)

The Law of Guidelines and Bases (LDB – *Lei de Diretrizes e Bases*) determines that early childhood education is offered both in kindergarten (children from four to six years old) and in day care centers (children up to three years old). According to Article 29, early childhood education aims at the integral development of children in their physical, psychological, intellectual, and social aspects, complementing the actions of family and community¹⁸.

To ensure rights, early childhood education needs to work the education-care duality as inseparable, redefining historical contexts, since kindergarten has always been seen as the place that educates and day care center as the place that cares. In this sense, both care and education must be a part of the pedagogical practice developed in this institution¹⁸.

Kupfer and Bernardino¹⁹ walk in the same direction by saying that, in early childhood, the acts of care and education are intertwined in the process of constitution of the subject and include the different agents that are involved in this formation path – from parents to educators.

The education-care duality has remained in the discussions and debates about the role of day care centers in early childhood care. However, it is believed that the essential part of the education in early childhood is not in the pedagogical plan or in the childcare plan. The interlacing between caring and educating unfolds in the interlacing between health and education¹⁹.

However, if early childhood education and care are inseparable concepts, there is a real separation between policy and provision of services. The Organization for Economic Cooperation and Development (OECD) of UNESCO shows that early childhood education and care are still dissociated, and indicates an integrated and coherent approach, for both policy and provision of services, including children and their parents, regardless of professional or socioeconomic status. The goals of the document include care not only for the children, but also for their parents, improving the relations with the labor market and the conditions for reconciling professional activities and childcare. They also promote equal opportunity to education and the implementation of spaces that provide child development as a whole. In proposing these goals, the OECD points to the importance of the commitment of the government regarding early childhood care, and that it must be complementary to family care, and not replace it²⁰.

This statement seems essential if we think that there is one pressing need for human development: that of incorporating the notion that, for it to occur and provoke humanization, biological, relational, contextual, and cultural aspects must be considered in an integrated way. The understanding of the psychic development as cultural development goes beyond terminology and is placed as an epistemological question, representing a new paradigm²¹.

We pass to another level of this discussion: the vulnerability becomes anchored in spaces, in ages, and in relationships. And, if the more dependent and younger, the more vulnerable the child is to environmental risks, we can infer that, according to the speech below, by Professional 2, the day care center is seen as a space that minimizes the risks for the children:

“I imagined a far more unstructured school, so when I came in, I was surprised; it is welcoming for the child, it is exactly what they don’t have at home. We know, their mothers come to talk to us. I ask them to say when they are without pay, without receiving. We get to know the reality of the families and we can provide a diaper, some clothes if there’s none.”

Complementing this, Professional 4 includes in her speech other weaknesses in the care and health of the children:

“Handling this issue of health and community participation. Health in the sense of children with skin problems, lack of care, poor hygiene, lice, scabies, and then you talk to the mother, she doesn’t like to hear it and doesn’t look it over.”

The idea that the day care center is constituted as a less vulnerable and more stimulating space for the proper development of the children is also recurrent in the speech of the professionals, as we can see in:

“These children’s salvation is here in the day care center, the only place they have a better experience with more hygiene, good nutrition, care, affection, which often these children can’t find elsewhere. So maybe this is the only mean for them to develop, these hours of the day in which they have a little more quality. (...) We know that their brothers are on the streets without food, without safety, without hygiene, without care, they get by, there’s nothing to do.” (Professional 5)

The idea of the day care center as a compensating space in child development also appears when one of

the professionals is asked about the importance of early childhood education for the child's formation:

"It's the basis of everything. Initial formation, the whole basis we need to give them, for they to follow after. In this case, even more so, because as these are very needy and unstructured families, sometimes they have the basics here. So, feeding, hygiene, education, formation take place virtually in here, because unfortunately where they live they don't have this care, even the issue of feeding, we have families here that cannot feed these kids at home, so they come to be fed here. Unfortunately, the day care center has to compensate, it isn't ideal. The ideal was for the family to do it, but unfortunately more and more we see that the families don't have any basis, so the school is being the basis of these children from four months old until they leave. All responsibility lies with the education facility and the families are increasingly less accountable because they are passing everything to us." (Professional 2)

Although the school environment appears as the main means to stimulate development, Paes de Carvalho and Lacerda²² introduce the concept of intersectoral approach, aiming – by the Brazilian Constitution of 1988, the Child and Adolescent Statute of 1990, and the Law of Guidelines and Bases of 1996 – to show that the state, the family, and the community start to reconfigure these responsibilities.

In addition to this direct communication of school-family with health units, day care centers participate in the PSE²³ of the federal government, which aims at the "permanent integration and articulation of education and health, providing improved quality of life for students." The PSE arises with the purpose of creating strategies for health promotion and disease prevention, mainly with the confrontation of the vulnerabilities that compromise the development of children enrolled in public schools.

The integral protection of children and adolescents has the intersectoral approach as its logic and assumes the articulation of public services of health, education, and social services addressed to the fulfillment of the social rights of this population, especially when they are in a situation of vulnerability²².

The intersectoral approach emerges as something important in the work of educators and enables a better understanding of how the reality of the children is, whether by education, assistance, or health.

Concerning the interviews with family members to get to know their socioeconomic reality, two speeches show us the precariousness of their living and health conditions.

"I live in stilt houses, half is street and the other half is stilt houses, it has no bridge, water isn't piped, we have to get it from the hose and the games they are always there. But over there, where we live, is next to the drug house, sometimes my chubby one goes there, he is very smart, he knows so-and-so, takes the person there, I said "son, you can't go in there, all of a sudden it's the police and then it's going to be your fault" [...]." (Mother 1)

"I live here, this is ghetto, it's a pothead's place, they don't respect anything, every corner they are there smoking. There are no other problems, we only want to raise the children. There's no violence here, if you rob us, you die. For real, the last one who died, he was stealing there, was found all broken, here they don't steal. Then I feel safer. But no, I don't like living here because like, I'm used to, but I don't like, because I want the best for my kids and for me too. If I could live in a good place, yes, I'd go immediately, I don't like but I have to stay, so I stay." (Mother 2)

The local population and the professionals of the UME seem to be impregnated by these discourses that stigmatize the Vila Nova neighborhood, which becomes the violent and inhospitable place, with many imminent risks, with fear of the homeless population. As seen, the speech of one of the inhabitants and mother of one of the children confirms the assumptions about the characterization of the urban space in which she lives from violence, from dissatisfaction, and from this double relationship with vulnerability.

FINAL CONSIDERATIONS

Currently, studies on early childhood care have transformed public policies concerning this population segment. In the field of early childhood education, day care centers became part of education and no more of assistance, causing a broad debate between the acts of caring and educating¹⁹.

However, one can still see in the speech of the professionals a split between the aspects governing early childhood care. Maybe this split has its origin in the expectation from professionals regarding the participation of the families in the education of their children. Implicitly or explicitly, it is possible to identify a set of situations in which the education professionals define the resources they expect from students, without which they cannot guarantee the results. Day care workers believe that the quality of human relationships, the dedication, and the donation overlap structural difficulties, resulting in benefits for the children.

In a situation of social vulnerability, the issues regarding the education of children and their development are full of challenges. The expectation from professionals that the family could participate more in the educational process of their children is not fulfilled. In this sense, as López¹⁴ says, one needs to understand that the children who go to the schools are increasingly different from the imaginary of ideal student that schools create. Similarly, one must understand that these children hold resources and provisions that express the community in which they live, their neighborhood¹⁴.

Concerning their families, the fragility of health care networks emerges. Although many live in collective spaces such as tenement houses, few reported having people, family, or friends to help with the care of the children. The day care center arises as a place of support for the difficulties with childcare.

Regarding the issue of intersectoral actions, the speech of the professionals shows us that they are still fragile. Even

the day care center does not find a support network in health and social assistance to strengthen partnerships and concrete actions. There is only referrals and individual conversations that often refer to a lonely job without articulation that may cause changes in situations of vulnerability.

Health promotion requires broad strategies that can overcome an individualizing perspective when approaching the care process. Thus, it is a matter of understanding that the subjects are part of a historical, social, and cultural context, which can enhance or even undermine the production of health and care¹¹.

Despite the fragilities, it is worth noting that, before a complex panorama, the intersectoral approach has been a powerful tool for the confrontation of situations of social vulnerability and for early childhood care, including all the actors involved to overcome complex problems located in a given territory.

Authors' contributions: *Jurdi APS, Teixeira PA, Sá CSC* – Design of the research project, coordination of the research project, data collection, data analysis and interpretation, writing of the manuscript, and critical review. Final approval of the version to be published. Responsible for all aspects of the study by ensuring the accuracy and completeness of any part of the work.

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Received on: 06.30.17

Accepted on: 12.20.17