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THE PLAYING OF CHILDREN IN SITUATION OF SOCIAL VULNERABILITY: FAMILY PERSPECTIVE

O brincar das crianças em situação de vulnerabilidade social: perspectiva da família

*El Juego de los Niños en Situación de Vulnerabilidad Social: perspectiva de la familia*Thalyta Carvalho Pinheiro Kneip¹ Camila Cazissi da Silva² Edmara Bazoni Soares Maia³ Samara Macedo Cordeiro⁴ Luciana de Lione Melo⁵ 

ABSTRACT

Objetivo: to understand the playing of children in social vulnerability, as from the family's perspective. **Method:** this is a phenomenological qualitative study, based on the structure of the situated phenomenon, which used Piagetian theoretical references, with 12 families of children who reached the minimum score on the Family Risk Scale. Data collection took place between September 2021 and May 2022. **Results:** there emerged three thematic categories, organized considering the ESAR system for classifying playful materials: playful activities, functional skills and social activities. The speeches showed that children's playing respected the sensory-motor and pre-operational development stages. Social and health risks were not obstacles to playing, though the family is not but an observer. **Conclusion:** it is necessary to carry out education during nursing consultations to inform families, on the importance of playing for the healthy development of children.

DESCRIPTORS: Play and playthings; Family; Social vulnerability; Pediatric nursing.

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RESUMO

Objetivo: compreender o brincar de crianças em vulnerabilidade social, na perspectiva da família. **Método:** trata-se de estudo qualitativo fundamentado na estrutura do fenômeno situado, que utilizou referencial teórico piagetiano, com 12 famílias de crianças que atingiram o score mínimo na Escala de Risco Familiar. A coleta dos dados ocorreu entre setembro de 2021 e maio de 2022. **Resultados:** emergiram três categorias temáticas, organizadas considerando o sistema ESAR para classificação de materiais lúdicos: atividades lúdicas, habilidades funcionais e atividades sociais. Os discursos evidenciaram que o brincar das crianças respeitou os estágios do desenvolvimento sensório-motor e pré-operacional. Os riscos social e de saúde não foram empecilhos para o brincar, embora a família seja apenas observadora. **Conclusão:** É preciso realizar educação em saúde, para informar às famílias, sobre a importância do brincar para o desenvolvimento saudável das crianças.

DESCRIPTORES: Jogos e brinquedos; Família; Vulnerabilidade social; Enfermagem pediátrica.

RESUMEN

Objetivos: comprender el juego de los niños en situación de vulnerabilidad social, desde la perspectiva de la familia. **Método:** se trata de un estudio basado en la estructura del fenómeno situado, que utilizo referencias teóricas piagetianas, con 12 familias de crías que alcanzaron el puntaje mínimo en la Escala de Riesgo Familiar. La recolección de datos ocurrió entre septiembre de 2021 y mayo de 2022. **Resultados:** emergieron tres categorías temáticas, organizadas considerando el sistema ESAR para clasificación de materiales lúdicos: actividades lúdicas, habilidades funcionales y actividades sociales. Los discursos mostraron que el juego de los niños respetó las etapas de desarrollo sensório-motor y preoperacional. Los riesgos sociales y de salud no fueron obstáculos para jugar, aunque la familia sea solo un observador. **Conclusión:** es necesario realizar educación para la salud durante las consultas de enfermería para informar a las familias, sobre la importancia del juego para desarrollo saludable de los niños.

DESCRIPTORES: Juego e implementos de juego; Familia; Vulnerabilidad social; Enfermería pediátrica.

INTRODUCTION

According to the Statute of the Child and Adolescent (ECA),¹ childhood lasts from birth to twelve incomplete years of age. Early childhood comprises the period from birth to six years of age and should receive special attention as it is the phase of greatest brain development throughout life.²

It is in childhood that neural circuits are formed and strengthened through appropriate relationships and stimuli. Brain connections enable physical, motor, cognitive, emotional and social development, among others.³

Play is an activity that enhances the child's healthy development and represents a basic childhood need.⁴ Winnicott, Vygotsky and Piaget agree that playfulness is essential in the process of learning and stimulates the child's overall development.⁵

Play is a child's right, guaranteed by Article 31 of the Convention on the Rights of the Child, ratified by the ECA and, more recently, by the Legal Framework for Early Childhood.^{1,4} Despite this, not all children have access to play. This is due to social vulnerability, which causes a number of problems.⁶

A relevant factor in the transgression of children's right to play is the lack of participation by parents in establishing opportunities for play, not always by choice, but because they don't understand the relationship between learning and playing due to their low level of education.^{4-7,8}

Thus, the research question of this study is how do family members of socially vulnerable children understand their play? This study is justified considering the importance of providing educational actions with families of socially vulnerable chil-

dren in order to reach the maximum potential of the child's development. Thus, this study aims to understand the play of socially vulnerable children from the family's perspective.

METODOLOGY

This is qualitative research with the methodological reference of analyzing the structure of situated phenomena, which is inspired by Phenomenology as a philosophical school. This type of research seeks to understand the phenomenon from the perspective of the individual who experiences it, in their life context.^{9,10} The Consolidated Criteria for Reporting Qualitative Research (COREQ)¹¹ tool was used to ensure methodological rigor.

The families were referred by the nurse in charge of the shift, and the researchers had no prior contact with the participants, apart from applying the Family Risk Scale,¹² a stratification tool that determines the social and health risk of families. As inclusion criteria, the families had to live with the child at home and meet the minimum score on the Family Risk Scale.¹² The risk score classifies the family into lower risk (5-6 points), medium risk (7-8 points) and maximum risk (over 9 points).

Based on the results of the instrument, the families were invited to take part in the study. Data collection took place between September/2021 and May/2022. The interviews were conducted by the first and last authors, face-to-face, at the child's bedside, according to the participants' wishes, based on the guiding question: "Tell me, in detail, how your child plays?" The interviews were one-off, recorded on digital

audio, and lasted 45 minutes. The field diary, filled in after each interview, formed part of the study data.

The families were interviewed in the pediatric department of a public hospital in the interior of the state of São Paulo, and play in the hospital environment was not the subject of this investigation, but rather play at home.

The research participants were 12 mothers aged between 18 and 42, with children aged between six months and six years. Two women declined to take part for personal reasons. The interviews ended when the discourses obtained reached theoretical saturation, i.e. they presented similarities, showing consistency based on a continuous process of analysis of the discourses by the researcher.¹³

The interviews were transcribed in full by the first author, in order to analyze the structure of the phenomenon in question, following the steps: 1) general reading of the speeches in order to understand what was described; 2) re-reading of the speeches, with the aim of determining the units of meaning, i.e. ideographic analysis; 3) synthesis of the units of meaning, grouping together what converges and what diverges, giving rise to thematic categories, i.e. nomothetic analysis; 4) preparation of a descriptive synthesis, integrating the understandings of the phenomenon in question.⁹

To organize and analyze the data, we used the ESAR System, a classification of play materials made up of the acronym **E**xercise, **S**ymbolic, **C**oupling, **S**imple or **C**omplex Rules.¹⁴ Thus, the findings were arranged into 16 coders that resulted in three thematic categories according to the facets of play knowledge: 1. Facet A Playful Activities - exercise, symbolic and simple rules games; 2. Facet C Functional Skills - imitation and creation; 3. Facet D Social Activities - individual activity and collective participation.

The research followed the guidelines and standards for research involving human beings, established in Resolution 466/12 of the National Health Council and was approved by the Research Ethics Committee (CEP) under opinion number 4.814.923, in June 2021. The purpose of the research and information about the researchers was available in the Informed Consent Form (ICF), which was obtained in writing from all the study participants. To ensure anonymity, the participants were given the names of spices, which are ingredients that enrich the aroma and taste of food, alluding to the family as essential for the child's development. The children, meanwhile, were given the names of old toys.

RESULTS

The participants in this study were 12 mothers aged between 18 and 42. The children's ages ranged from six months to six years. Five of the children were hospitalized for acute events and the others had chronic illnesses, as can be seen in Chart 1.

Chart 1 - Research participants. Campinas, São Paulo, Brazil, 2022

Family member's name and age in years	Name of child and age in years	Coelho-Savassi Scale score	Child's diagnosis
Erva-Doce – 42	Piã – 3	Lower risk – 6	Propionic acidemia
Raiz-Forte – 32	Pipa – 6	Lower risk – 6	Endocarditis
Baunilha – 23	Carrossel – 2	Medium risk – 8	Congenital Esophageal Stenosis
Bahar – 29	loiô – 1	Medium risk – 8	Congenital heart disease
Hortelã – 31	Bambolê – 4	Lower risk – 5	Cerebral Vascular Accident
Tomilho – 31	Cata-Vento – 5	Medium risk – 7	Acute Respiratory Failure
Sálvia – 40	Caleidoscópio – 2	Lower risk – 6	Epilepsy
Açafrão – 32	Bilboquê – 1	Maximum risk – 11	Acute Respiratory Failure
Alecrim – 45	Bumerangue – 5	Lower risk – 6	Glycogenosis type 1B
Manjerição – 18	Bolhas de Sabão – 1	Lower risk – 6	Bacterial Meningitis
Aniz-Estrelado – 19	Peteca – 6 meses	Medium risk – 8	Acute Respiratory Failure
Gengibre – 31	Amarelinha – 4	Lower risk – 6	Hemolytic Uremic Syndrome

Although the participants talked about their children's play, they didn't do so in detail, even demonstrating how play is exclusive to children and not to adults, who sometimes made it clear that they don't accompany children, not even by observing them.

PLAY ACTIVITIES

The families described the children's play as based on their engagement in three types of play activities: exercise games, symbolic games and simple rule games.

In the exercise game, children need to develop various sensory skills, such as tactile, visual, sound, as well as motor and manipulation skills and, although the families were classified as having social and health risks, the children, especially those in the sensorimotor stage, i.e. from zero to two years old, played games that were compatible with their age group.

She likes the pocket because it makes a noise, she squeezes it, it makes a noise and she squeezes it again [...] I take her outside, because I live on the farm, I show her the cat. [...]

She plays with the rattle, she picks it up, hears the noise, stops, looks at it and shakes it. (Aniz-Estrelado, 19, mother of Peteca, 6 months)

He claps his hands, plays like this [...] he plays ball [...] (Açafrão, 32, mother of Bilboquê, 1 year old)

[...] sometimes with a spoon when he's going to eat, he puts the spoon in his hand and he likes it [...]. (Bahar, 29, mother of Ioio, 1 year old).

In addition to tactile and visual sensory skills and sound and motor skills, the families described that their children's play involved manipulation skills, especially with strollers.

[...] he plays with his baby carriage a lot [...]. (Erva-Doce, 42, mother of Pião, 3 years old)

[...] He really likes playing with the baby carriage, spinning the baby carriage, especially when the baby carriage is upside down, he spins the wheels. (Sálvia, 40, mother of Caleidoscópio, 2 years old)

From the age of two, the child begins a new stage of development, according to Piaget - pre-operational. Although exercise games are present throughout childhood, a new activity emerges: symbolic games. The families reported two types of symbolic games: make-believe, when the child plays house and the like, and role-playing, when the child imitates from some experience.

[...] sometimes they play house. (Raiz-Forte, 32 anos, mãe de Pipa, 6 anos)

[...] of food, houses [...]. (Alecrim, 45, mother of Boomerang, 5 years old)

[...] dolls. More of a doll. (Menta, 31, mother of Bambolê, 4 years old)

[...] He really likes to sing, so he has his own microphone, he takes the microphone, which he invented too, and sings [...] dances [...]. (Tomilho, 31, mother of Cata-Vento, 5 years old)

Still in the pre-operational stage, because they have already developed motor skills, children play simple rule games with elementary strategy, such as hopscotch, tag and hide-and-seek.

Ah, they play tag, hide and seek [...]. (Raiz-Forte, 32, mother of Pipa, 6 years old)

She plays hopscotch, hide-and-seek and tag. (Ginger, 31, mother of Amarelinha, 4 years old)

FUNCTIONAL SKILLS

In addition to play activities, children's play was also described by families using functional skills. The ESAR system used to classify the speeches divides these skills into four types, but two were used to classify the speeches found.

With regard to imitation skills, the speeches showed that the children are able to reproduce actions based on what they see in everyday life, as well as using eye-hand coordination, i.e. reproducing with their hands what they see with their eyes.

They sometimes play video games, they make videos on TikTok telling the game. (Raiz-Forte, 32, mother of Pipa, 6 years old)

She plays at copying the letters. I do it and she copies it. (Gengibre, 31, mother of Amarelinha, 4 years old)

As well as imitation skills, the children use their creativity to express themselves through painting and creating drawings.

Painting pictures. (Alecrim, 45, mother of Bumerangue, 5 years old)

Playing at painting and drawing. (Gengibre, 31, mother of Amarelinha, 4 years old)

SOCIAL ACTIVITIES

Finally, the children's play, as described by the families, was classified using facet D of the ESAR System, which refers to social activities and classifies play in terms of social participation and no longer just individual play, despite the possibility of solitary play.

The families emphasized that the play of younger children, between one and two years old, takes place in solitude.

He usually likes to play alone, with his toys in a corner. (Manjerição, 18, mother of Bolas de Sabão, 1 year old)

[...] but he doesn't like to share, he takes toys from his hand, so I don't think he likes playing with anyone. It's always him alone, if someone takes it, he screams, he wants to take it, he wants to take it away. (Baunilha, 23, mother of Carrossel, 2 years old)

As the child develops, individual activity is replaced by collective play, through cooperative activities, mainly between children and family members - siblings, cousins, uncles and grandparents.

I have another 10-year-old son, and they play everything. With his brother, being at home and being able to play with his brother stimulates him a lot, helps him develop [...] he started spending more time at home and started having more time with his brother and playing with him a lot, I notice that he's developed a lot. [...] Sometimes he even wrestles with him. So he picks him up with great affection and plays wrestling. He loves it, you know? [...] (Erva-Doce, 42, mother of Pião, 3 years old)

[...] And he plays with his sister and the whole family. She calls her uncles, her grandparents: 'come and play with me'. (Gengibre, 31, mother of Amarelinha, 4 years old)

[...] *plays with her cousins* [...] (Hortelã, 31, mother of Bamboê, 4 years old)

They play a lot... they used to play a lot with their brother. There were three of them. [mother gets emotional remembering her son who died a year ago]. When it's just the two of them there, it works. If you add another child, they don't work out. [...] They play, there are times when they fight... then at the same time they're fine, they're already fighting, then they're both fine again. But it's one looking after the other. He looks after her and she looks after him. (Raiz-Forte, 32, mother of Pipa, 6 years old)[...] *brinca com os primos* [...]. (Hortelã, 31 anos, mãe de Bamboê, 4 anos)

Eles brincam bastante... eles brincavam muito com o irmão deles. Eram três. [mãe se emociona ao lembrar do filho que morreu há 1 ano]. Quando está só os dois ali, dá certo. Se juntar outra criança, eles não dão certo. [...] Brincam, tem hora que brigam... aí no mesmo tempo que está bem, já está de briga, depois já volta de boa os dois. Mas ali é um cuidando do outro. Ele cuida dela e ela cuida dele. [...]. (Raiz-Forte, 32 anos, mãe de Pipa, 6 anos)

DISCUSSION

The central concern that motivated this study concerns the play of children in situations of social vulnerability, as play is essential for children's development⁴ and not having the opportunity to play can negatively affect overall development, with significant impacts on intellectual, emotional and social development. However, the families' speeches showed that children play and play is closely related to child development, which in this study is based on some of Piaget's ideas.¹⁵

Piaget formulated four stages of child development, two of which are related to the ages that comprise early childhood. The sensory-motor stage, from zero to two years old, is the first. It is the period before speech, where the child gets to know the world through handling objects, according to their actions and perceptions.¹⁶

Games take place in child development from the beginning of the sensorimotor stage. In this context, there are three types of play: exercise play, symbolic play and rule-based play. In the zero-to-two-year-old age group, exercise play is found. Most of what the child does becomes play and this movement brings functional pleasure.¹⁵

Initially, the child gets to know a particular object or action, absorbs the new elements, assimilates and accommodates the information. The child then repeats the action several times, building up certain knowledge. Functional pleasure is a playful manifestation that occurs after the construction of knowledge.¹⁵

The construction of knowledge and, consequently, functional pleasure emerged in the families' speeches, when they described handling an object that makes a sound, clapping their hands, playing

ball, shaking a rattle, which doesn't require mental accommodation, but sensory-motor, which is just fun and pleasure.¹⁶

Assimilation happens when the child experiences sensations provoked by experiences and accommodation is a process of adjustment. Both work simultaneously, making development possible.¹⁷ Piaget refers to two distinct processes of assimilation and accommodation. One is sensory-motor assimilation/accommodation, where imitation lies. The other is mental assimilation/accommodation, characteristic of representation.¹⁵

Still on the subject of the exercise game, family members have described children's play through the manipulation of objects, especially carts. The functions of this play include exploration, experimentation, action and movement.¹⁸ For Piaget, at this stage, the object is significant for the construction of knowledge, because knowledge comes from action and not from perception.¹⁹ Therefore, playing by manipulating trolleys has in fact revealed that children are acquiring knowledge about the trolley object.

With the end of the sensorimotor stage, a new phase begins - the preoperational or preoperative stage. In this phase, the child acquires the ability to think about objects and events that are not present in the environment. Thus begins symbolic play, i.e. making an object work as if it were something else.²⁰

One of the types of symbolic play that emerged in the participants' speeches was make-believe. Playing house is a symbolic game of make-believe, because the child plays roles, internalizing imitations. It's a form of self-expression that takes place through the assimilation of reality. Thus, when playing house, the child externalizes real situations they have already experienced.²¹

A study carried out in the state of Paraíba described the play of children aged 4 to 5. During a game of police/robber, the same child who was playing the role of the police, when another child arrives and holds up a gun, the first child becomes a hostage. The change of roles is immediate and there is no need for anyone to dictate the rules, showing that children reproduce and reinterpret what they see in their social relationships.²²

Playing with dolls is also considered a game of make-believe. It can be related to family tendencies and the maternal instinct, if it exists. However, this would be a very simplistic explanation of this game. When children play with dolls, they have the chance to relive their own existence, both to assimilate what it is like to be themselves and to resolve conflicts and satisfy desires.¹⁵

Another type of symbolic play described was role-playing, such as playing at being a singer. It's not just about singing, but about representing someone who sings. For Piaget, when the child represents something/someone during the pre-operational stage, it is not a simple imitation, but a figurative imitation, i.e. one that remains even when the play is over, forming an internalized imitation, which happens because the child has experienced the sensorimotor stage.¹⁵

As the child progresses through the pre-operational stage, rule games emerge, which are games that combine sensory-motor and intellectual skills, with competition and organized by a code,¹⁵ with reciprocity between the participants, as it is a collective and interdependent activity.²³

The game of rules brings challenges, either through competition and/or the need to consider the ideas of the other players, involving exercises, understanding the actions of others, anticipation, agility, strategic behavior, logical reasoning, concentration, attention and memory.²³ It begins in childhood, but lasts throughout life, as it is a playful activity of the socialized being.¹⁵

Even in the pre-operational phase, in order to carry out any action in everyday life, including play, the child needs to acquire various functional skills. Imitation and creation represent two types of these skills.¹⁴

The ability to copy letters demonstrated the functional skill of imitation based on eye-hand coordination, which corresponds to the coordination between visual perception and the movement of the hands and fingers when performing a task.^{24,25}

The functional skill of creation, described through drawings and paintings, is a very important activity for children. Creating and painting drawings can be considered a child's specific language and, although the participants in the study did not describe the subjects of their drawings, the literature shows how valuable this play is for children's development.²⁶

Children often attach meaning to their drawings and express themselves through them. Children's drawings, however rustic or crude they may seem, can say a lot about the desires, feelings, emotions and anxieties of the child who drew them, as well as representing the reality they experience.²⁷

Social activities were detailed by Mildred Parten, who described play through categories of social participation.²⁸ According to her theory, children interact socially in different ways, depending on their stage of development. There are six consecutive stages of play: unoccupied, solitary, observing, parallel, associative and cooperative.^{28,29}

Unoccupied play is observed in babies and very young children through random movements with the body, without interaction with others around them, but with exploration and observation of the world around them. In solitary play, play is independent. The child plays alone, without interaction with other children.²⁸

In observational play, the child watches other children playing, but does not get involved in the activity itself; on the other hand, in parallel play, the child plays alongside other children with similar games, but without interaction. Associative play arises when children recognize each other as equals, which stimulates interaction during play. They don't necessarily do the same activity together, but they play side by side.²⁹

Finally, in cooperative play, the child actually plays with other children and engages in common games. The activities are organized and have specific objectives, which requires collaboration and the assignment of roles. At this stage, children can experience conflicts because their social skills are still developing, which can make it difficult to share, negotiate and take turns during play.^{28,29}

In the results of this research, family members reported two of the six stages of play that consider social participation: solitary play and cooperative play, explaining that the first is, in fact, related to younger children.

The second stage appears in discourses about the play of children aged three, four and six, i.e. in the pre-operational period. It emphasizes conflicts between siblings, an expected behavior in cooperative play.

It is important to highlight a limitation of this study: it was carried out with a limited group of family members selected using a single instrument. Therefore, it is not possible to state that social and health risks interfere with children's play, but rather that the participating families have little involvement with their children's play.

This study highlights aspects of the play of socially vulnerable children and provides a basis for understanding how families perceive, interact with and value play, which can help nursing professionals in their childcare practice.

FINAL CONSIDERATIONS

This study sought to understand the play of socially vulnerable children from the family's perspective. These children play games that are appropriate for their stage of development.

The social and health risks indicated by the family risk stratification tool did not hinder play. However, it was clear that family members take little part in play.

Family members don't see themselves as agents of play and, although they report how their children play, their speeches are very specific. For family members of children up to one year old, it was even more difficult to detail play.

There is a need to inform future parents during nursing consultations, especially in primary care, from prenatal care onwards, and then during childcare consultations, about the importance of playing with the child in order to achieve maximum development potential.

Further studies are needed to understand why family members don't play with their children and why they don't recognize that children have been playing since they were babies.

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