

## THE NEEDS OF CHILDREN WITH PHYSICAL DISABILITIES IN DAY CARE: THE PERCEPTION OF EDUCATORS

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**ABSTRACT.** This study aimed to investigate the perception of educators regarding the needs of two babies with physical disabilities in the context of inclusion in the day care center. A multiple-case study was carried out. The participants were six educators who oversaw Mariana's class, and four educators who oversaw Vitoria's class, and all 10 educators answered a semi-structured interview. Both babies were physically disabled and attended public schools in Porto Alegre/Brazil. The data were analyzed through several readings of the material, which resulted in a clinical report. In relation to Mariana (age 24 months) the educators emphasized the baby's need for stimuli and physical support, as well as the importance of affection in the educator-baby relationship, which was present as a more sensitive 'extra thought'. As for Vitória (age 18 months), educators reinforced the importance of integration between the health and education fields, as well as closer attention to the different needs of the disabled baby. Based on the results, it was possible to observe within that 'extra thought' - highlighted by the educators as necessary to fulfill the needs of babies with physical disabilities - a demand for greater physical and psychic availability.

**Keywords:** Babies; early childhood education; inclusive education.

## NECESSIDADES DO BEBÊ COM DEFICIÊNCIA FÍSICA NA CRECHE: A PERCEPÇÃO DE EDUCADORAS

**RESUMO.** Este estudo teve como objetivo investigar a percepção de educadoras frente às necessidades de duas bebês com deficiência física em contexto de inclusão na creche. Realizou-se um estudo de caso múltiplo, com seis educadoras que atendiam a turma de Mariana (24 meses), e quatro educadoras que atendiam a turma de Vitória (18 meses), as quais responderam uma entrevista semiestruturada. Ambas as bebês tinham deficiência física e frequentavam escolas de educação infantil da rede pública de Porto Alegre. Os dados foram analisados através de diversas leituras do material, produzindo um relato clínico. Em relação à Mariana, as educadoras destacaram a necessidade de estímulo e de suporte físico à bebê, bem como a importância do afeto na relação educadora-bebê, presente em um 'olhar a mais', mais sensível. Quanto à Vitória, as educadoras reforçaram a importância da integração entre as áreas da saúde e da educação, assim como de um olhar mais atento às diferentes necessidades da bebê com deficiência. A partir dos

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resultados, foi possível compreender nesse 'olhar a mais', destacado pelas educadoras como necessário para atender à demanda das bebês com deficiência física, uma exigência de maior disponibilidade corporal e psíquica.

**Palavras-chave:** Bebês; educação infantil; educação inclusiva.

## NECESIDADES DEL BEBÉ CON DISCAPACIDAD FÍSICA EN LA GUARDERÍA: PERCEPCIÓN DE EDUCADORAS

**RESUMEN.** Este estudio tuvo como objetivo investigar la percepción de educadoras frente a las necesidades del bebé con discapacidad física en el contexto de inclusión en la guardería. Se realizó un estudio de caso múltiple, cuyas participantes fueron seis educadoras que atendían a la clase de Mariana, y cuatro educadoras que atendían a la clase de Vitória, las cuales respondieron una entrevista semiestructurada. Ambas bebés tenían deficiencia física y frecuentaban escuelas de Educación Infantil de la red pública de la ciudad de Porto Alegre/Brasil. Los datos fueron analizados a través de diversas lecturas del material, produciendo un relato clínico. En cuanto a Mariana, 24 meses, las educadoras destacaron la necesidad de estímulo y de soporte físico a la bebé, así como la importancia del afecto en la relación educadora-bebé, que hace presente en una 'mirada a más', más sensible. En cuanto a Vitória, 18 meses, las educadoras reforzaron la importancia de la integración entre las áreas de la salud y la educación, así como de una mirada más atenta a las diferentes necesidades de la bebé con discapacidad. A partir de los resultados, fue posible comprender en esa 'mirada a más', destacada por las educadoras como necesario para atender a la demanda de los bebés con discapacidad física, una exigencia de mayor disponibilidad corporal y psíquica.

**Palabras clave:** Bebés; crianza del niño; educación inclusiva.

### Introduction

The access to early childhood education for all children under the age of six is a relatively recent right in Brazilian legislation. It became a guaranteed right within the Federal Constitution of 1988 (Brasil, 1988) and since then, different laws and guidelines have been enforced seeking to ensure inclusion, with special emphasis on the Brazilian Law for the Inclusion of People with Disabilities (Brasil, 2015). That law represents an important breakthrough, considering that 2% of Brazilian children present some form of disability, according to a poll carried out by the Maria Cecilia Souto Vidigal Foundation (2017) considering the age group of 0 to 3 years in a total of 991 households accessed by the study. Despite that, there are still challenges in the implementation of laws and guidelines in Brazilian society, which is still exclusionary with regard to people with disabilities.

According to the Salamanca Statement (United Nations Educational, Scientific and Cultural Organization [UNESCO], 1994), inclusion proposes the need to view people with disabilities and understand their own singularities, highlighting the importance of institutions offering the right conditions for students to effectively enjoy their environment (Bruno, 2006). With that in mind, Alves (2018) points out the need for change in the conception of childhood. The author suggests a shift in the view based on normative characteristics for all children, which suggests a unique model of experiencing childhood, to another definition that

considers the plurality of childhood experiences in the social and educational contexts instead. That proposal is consistent with what the World Health Organization (Organização Mundial da Saúde [OMS], 2012) recommends by highlighting the biopsychosocial model of disability, which surpasses the view centered on the medical perspective to view disability from a social standpoint instead, such that physical and social barriers may worsen - or even generate - disabilities. In that scenario, a frequent complaint from early childhood education professionals and of other stages of basic education is that there are extreme discrepancies between the proposed inclusive education in legislation and the actual reality in schools (Oliveira, 2016; Rodrigues, 2017). That being said, it is undeniable that the inclusion of babies with disabilities (ages 0-3 years) poses a challenge for educators<sup>6</sup> and schools.

In collective caretaking environments, such as day care facilities, educators become responsible for catering to the babies' needs (Greco, 2008), performing caretaking roles similar to the maternal ones, as suggested by Winnicott (2000). Thus, in day care centers catering to both physical and emotional needs of all babies are also roles performed by the educators, in a period characterized by absolute and relative dependence, which is demanding in its own right (Winnicott, 1983). Studies carried out in that context with children without disabilities have highlighted the importance of the educators' sensitivity to recognize the babies' needs, which contributes to their performance in early education (Page & Elfer, 2013; Polli & Lopes, 2017). On the other hand, the difficulties derived from the emotional complexity involved in that task have also been emphasized (Page & Elfer, 2013). In that sense, Pessoa, Seidl-de-Moura, Ramos and Mendes (2016) point out that offering an affectionate care in the day care center environment can become a challenge to educators, who seem to demonstrate greater concern for offering the baby care only concerning their physical needs, with little investment in affectionate interactions. These aspects can be explained by the fact that taking care of babies demands an emotional availability and may awaken some anxiety and feelings that are hard to deal with (Polli & Lopes, 2017).

Identifying the baby's needs can become an even more challenging task in caretaking in the presence of disability (Amiralian, 2003). However, few studies have investigated the inclusion of babies in day care. In that sense, Vitta (2010) points out that educators often times demonstrate insecurity regarding the possibility of including disabled babies. That ends up reflecting the lack of knowledge surrounding the disability diagnosis, with the prevailing view of disability as an extremely limiting factor to the baby's development. At the same time that educators signal that inclusion would be more appropriate for other age groups, they also claim that there is not much difference taking care of babies with or without disabilities. That position underlines, in part, the predominance of the view of disability from the medical standpoint (disability as a part of the individual's body) in detriment to the social standpoint (related to the structure of society, which segregates the disabled body), demonstrating that, despite the legal breakthroughs, many professionals still maintain practices that can be exclusionary (OMS, 2012).

In that regard, Drago and Dias (2017) emphasize that educators tend to offer practices specially adapted to babies with disabilities, enabling their active participation in the day care routine; although they may not often perceive it that way. That mediation from the adult promotes the child's development and, consequently, benefits inclusion. Similarly, Bossi, Junges and Piccinini (2018) emphasize some factors that may benefit inclusion in day care centers, such as adapting activities and routines so the babies can actively

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<sup>6</sup> Considering the predominance of female caretakers (in relation to male) in early education institutions, we used terms in their feminine form in this study in Portuguese. Except when a study was being presented, we maintained the term employed by the authors.

participate, as well as searching for information about the baby's limitations in inclusion. They also refer to the importance of engaging in dialogue with other professionals, making adaptations to the team and to the day care physical space, and, finally, continued formation activities. Those strategies, as a set, can contribute to moving on from practices that can often be characterized as exclusionary, since inclusive education is a relatively recent process, particularly in early education.

Although the needs of babies with and without disabilities may be similar early in life, due to the dependence on care, the presence of disability can add new demands to the caretaker's work (Bossi, 2017). Situations that involve the fear of holding and hurting the baby, as well as difficulty and fear of approaching babies with disabilities (Amiralian, 2003) can occur during caretaking in day care centers for example. That can be related to the feelings and sensations babies cause in the adults responsible for their care, considering that disability can be unsettling and highlight the caretaker's own limitations.

Since it is also a recent phenomenon in school institutions, situations of unawareness regarding the disability diagnosis, as well as difficulty offering individualized assistance to the child with disability may interfere in the inclusion process (Alves, 2018; Souza & Minetto, 2017). In that regard, most studies on the inclusion phenomenon that picture those challenges focus on pedagogical practices and/or educators' conceptions of inclusion considering preschool (4 and 5 years old) (Oliveira, 2016; Rodrigues, 2017).

Thus, it is possible to observe that few studies are dedicated to understanding the subjective aspects that may be present in the educator's relationship with the baby, and when that does take place, it often involves babies without disabilities (Page & Elfer, 2013; Polli & Lopes, 2017), with studies performed with babies with disabilities being extremely rare (Bossi, 2017; Vitta, 2010). It is, therefore, paramount to advance the understanding of this phenomenon, considering the importance of early relationships to the child's development. With that in mind, the aim of this study was to investigate the perspective of educators when faced with the needs of babies with physical disabilities in the inclusion context in day care centers.

## Method

### Participants

The participants in the study were six educators who oversaw Mariana's<sup>7</sup> class, age 24 months, and four educators who oversaw Vitoria's class, age 18 months, totaling 10 educators. Both babies were physically disabled; Mariana presented significant alteration to the muscle tone of her torso and limbs, and Vitoria had paralysis on the right side of her body. They attended different early education municipal schools in Porto Alegre. The educators were of different ages, and had different levels of education and work experience. That information is detailed on Table 1.

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<sup>7</sup> The names of the participating babies, educators and schools are fictitious.

**Table 1.** Sociodemographic data on the educators.

<b>Educators</b>	<b>Age</b> (in years)	<b>Education</b>	<b>Experience in early education</b> (in months and years)	<b>School</b>
Simone	33	Graduate school	8y	A
Laura	41	Unfinished undergraduate degree	1y3m	A
Anastacia	34	Unfinished undergraduate degree	9y	A
Joana	27	Graduate school	6y	A
Maria	51	Unfinished undergraduate degree	1y2m	A
Doris	32	Graduate school	15y	A
Marcela	46	Graduate school	5y	B
Rafaela	43	Graduate school	20y	B
Paulo	33	Undergraduate degree	2y	B
Beatriz	48	Unfinished undergraduate degree	4m	B

The participants were selected from the members of the project 'Inclusion of babies with physical disabilities in day care: an intervention program for educators based on Winnicottian concepts' (Bossi & Piccinini, 2015). This study aimed to develop a Follow-up Program for the day care educators who took care of babies with disabilities. The project was approved by the Ethics Committee of the Federal University of Rio Grande do Sul (report no. 1.143.578).

### **Study analysis, procedures and instrument**

The multiple case study analysis (Stake, 2006) was used in this study, which has a cross-sectional nature, with the aim of investigating the perception of educators faced with the needs of babies with physical disabilities in the context of inclusion in day care centers. After contacting the principal's office and coordination office of each school, the idea for the study was presented to the educators who oversaw the babies' classes. On that occasion, they were invited to participate in the study and those who accepted answered the 'Interview on the caretaking routine of educators in day care in an inclusive context'. That interview consists of a set of questions that approaches the educators' conceptions about the babies' first years of life, their work with babies with disabilities, as well as the caretaking routine in the context of inclusive education.

### **Results**

Initially, several readings of the educators' answers to the interview were made, which later resulted in a clinical report, with the aim of investigating the needs of babies with physical disabilities in day care centers. The clinical report is commonly used in psychoanalytic practice and studies in the field, given that reporting a case constitutes an act of reading, interpreting and translating the clinical material (Epstein, 2011). Based on the foregoing, the cases of the two babies and their educators in day care will be reported below, of which we selected the most representative excerpts in order to illustrate them.

## Case 1 - Baby Mariana

Mariana is a 24-month-old girl who had a respiratory arrest at 1 and a half years old, due to acute bronchiolitis, which is suspected to have caused her motor disabilities. The latter were characterized by a generalized alteration to the muscle tone of her torso and limbs, which made it difficult for her to balance her body and be able to walk. At the time of the interview, Mariana had been attending day care for three months, where she was part of a class of 15 children who were under the care of six educators: three in the morning period and three in the afternoon period. What follows is a report of what those educators considered a baby with disability such as Mariana most needs in the first years of their life.

Educator Simone had been working with early education for eight years and had previous experience with children with disabilities. In her opinion, a baby like Mariana needs more physical help from educators during activities focused on motor skills, such as moving from one place to another, since her disability highly affected her mobility. That type of care was also important to her effective participation in the day care activities, which facilitated her inclusion: "It was really just the physical demand, having to help her walk, stimulate her to get up, walk, accept the help of classmates, seek to do the same physical activities as the others, despite the struggle" (Simone). Simone also highlighted that the baby needed the same care as the other babies and some extra specific stimuli for her disability, such as physical therapy and other specific care designed for her development:

She needs the same stimuli as the other babies do and some more specific ones, she cannot miss out on any aspect of care that other babies receive and she needs some extra thought, to cater to her disability.

Educators Laura and Anastacia had similar views. Laura had been working with early education for a little over one year and had no previous experience with disabled children before meeting Mariana; Anastacia had nine years of experience with early education and had already worked with other children with disabilities. They both reported the importance of stimuli for Mariana, especially motor and physical stimuli: "Of being more stimulated, because when she first came here, you could tell that she was not. So much so that she could not sit up straight, she could barely hold on, she would let her body go lose, she was not used to it" (Laura); "I think that the stimulus is more physical, really, right? more focused on her motility" (Anastacia).

Anastacia also highlighted examples of that specific extra stimuli: "More exercises with Mari focused on her broad motility, exercises climbing and walking down the stairs, walking on her own, physically stimulating her more" (Anastacia). The educator also underlined the importance of that extra care that Mariana demanded, compared to her classmates: "We need to stimulate her in that regard, so that she can get close to her colleagues' development, right, within her age group" (Anastacia).

Joana, another educator, had been working with early education for six years and had had experience taking care of children with disabilities. In her opinion, a baby such as Mariana needs someone who gives them the right stimuli and helps them develop within the limitations of their disability, demanding attention and availability from the educator: "She needs someone who knows what will help, someone with a sensitive eye, to realize that that is a child with special needs, who requires greater attention, and someone who is willing to help with that evolution" (Joana). Beyond those specificities, according to Joana, Mariana also had similar needs to the other babies', with emphasis on the emotional ones: "Like any other child, she needs affection, love, I think that is what she needs the most".

Educator Maria, with a little over a year of experience working in early education, had already taken care of another baby with disability, besides Mariana. Her speech was compatible with Joana's when she highlighted the importance of attention and affection in the first years of life, besides the physical stimuli already mentioned by other educators, both at home and at day care: "Giving more attention, affection, stimulating, in her case, like that. She is smart, if you stimulate her, she will be able to walk steadily, walk on her own" (Maria). Her affection towards Mariana and joy for her accomplishments was also evident in her speech:

When we stimulate her, she grabs on to the toys and stays by herself, she starts walking by herself, she needs those stimuli. And since she gets happy when she gets up, she goes, she starts walking around the stools and gets really pleased with herself: 'Mari did it!' And we go along with her: 'Yes, Mari did it! Way to go, Mari!' And then she gives us that smug smile and holds on to surrounding objects (Maria).

Educator Doris, in her turn, also highlighted the relationship between the day care center and the family, reporting the stimulating work they did on Mariana: "Stimulating that relationship, talking, and language, a lot [...]" (Doris), it also came from the team's perception of the baby's relationship with her older sister, who frequently took her to day care. From the educator's perspective, that type of stimulation of speech was essential, not only for Mariana, but also for the other babies. Doris had 15 years of experience working with early education, she had already taken care of other children with disabilities, and in her opinion, Mariana, just like all babies, needed the educators to be effectively available, not just physically but also emotionally: "I think we have to be available, mind, body, and soul" (Doris).

In sum, it is possible to notice the commitment of all educators to offering the best care to Mariana, especially with regard to stimulating her to develop to the best of her abilities and to relate to her classmates. The importance and the presence of affection in those educators' relationship with the baby and how it maximized the care that was given to her was also evident. Furthermore, it is possible to note that Mariana's disability required a different demand from the educators, both physically, for moving around, for example, and emotionally, considering the need for that more sensitive extra thought, that availability of 'mind, body and soul'.

## Case 2 - Baby Vitoria

The second baby participating in this study, Vitoria, was 18 months old and from birth, at 32 weeks of her mother's pregnancy, she presented paralysis on the right side of her body, which was believed to be a consequence from the premature labor. Vitoria had been a part of a nursery classroom of 16 children in day care, since her admission three months prior to the interview period. The aforementioned class was under the responsibility of six educators: four in the morning period and four in the afternoon period, two of which stayed for both periods. Out of those, four accepted to participate in this study and share their perspectives on the needs of a baby like Vitoria in their first years of life, stemming from their joint experiences in the day care center.

Educator Marcela had five years of experience in early education and Vitoria was the first child with disability she had taken care of. The educator pointed out the same cares other children needed as necessary for Vitoria, in addition to an extra care related to her mobility, which was severely hindered by her paralysis: "Just that mobility issue, that motor issue, apart from that, I do not see her differently from the other children" (Marcela).

Furthermore, Marcela underlined the importance of more health-field-related perspective, which would take place through a better identification of her disability and of specific care for the baby, which would benefit the dialogue between health and education: “The sooner we verify through exams what the child suffers from, the sooner the child can receive care, get checked, have a plan to work with her, because right now it is just a question mark” (Marcela).

In that same direction, educator Rafaela highlighted the relevance of specialized care directed to Vitoria’s disability that would help her develop the best way possible: “And we know that children, with any kind of disability, they have to be stimulated as early as possible, while they are a child, because afterwards, it get increasingly difficult”. Most of the time, Vitoria participated in the class activities independently; but sometimes intervention from the educators was necessary, both with physical help and with the adaptation of activities so they can be accessible to the baby without rendering them unstimulating, however: “In some moments we help, in others we let her ‘fend for herself’ and try to find alternatives” (Rafaela). That physical support that Vitoria’s disability required was constantly demanded from the educators, according to the example given by Rafaela:

While the other children can play and move around, she cannot keep up with that moving around part, so we help. We take her little hand, support her, she gets up and then we help, take the little steps she already took... she did not use to do so before, she could not even support her little legs.

Thus, that care became gradually less necessary as Vitoria developed with the help from school, her physical therapist, and her family. Rafaela had been working for almost 20 years in early education and throughout that period, she has had experiences with other children with disabilities. From that extensive and rich experience, the educator highlighted the importance of including the children in school and their social contact with colleagues, underlining the latter as a fundamental factor to not only Vitoria’s but every child’s development. That environment, along with social contact and the care it provided, enabled a new outlook for the baby and their development: “That issue of interacting with other children, of being in a school environment, having a more specific care for her with regard to the developmental issue, I think that helps a lot and it is fundamental”(Rafaela). Vitoria’s school attendance also generated an impact on her family and their habits at home, through exchanges between the educators and her mother, in a way that the knowledge invested in that care Vitoria received within the school environment was also considered within the family scope, maximizing her development:

We started giving her guidelines, that she [the mother] had to let Vitoria be a little more free, put something down on the floor so that Vitoria can move around. But I see that her mother was pretty happy about that progress (Rafaela).

Physical Education teacher Paulo, in his turn, who had been working with early education for around two years and had had experience with other children with disabilities, believes that what any baby most needs is affection and attention, regardless of disability:

Affection and attention and a baby’s perspective, namely what is necessary is not our perspective as adults, but that we look at it like a baby, try to understand their little world, their context. Attention, affection and that different perspective (Paulo).

Furthermore, in his opinion, Vitoria was a child with an extra need, but that did not differentiate her from her colleagues; but rather it was a characteristic of hers, one of many:

To me she is no different at anything [compared to the other children], she is a normal child with a special need, just a little different extra thing that she needs. [...] She is very intelligent, well disposed, very motivated, very fun, she plays a lot, so I do not see it [a difference] (Paulo).

In that same direction, Beatriz also highlighted love and affection among Vitoria's and any other baby's main needs. The educator had been working with early education for four months and before that she had already had experiences with other children with disabilities. She also said that, due to her disability, Vitoria needs some extra care related to her motility that were essential to her development. That extra care was thought of not only by the school, but as part of a partnership with Vitoria's physical therapist, who saw her in sessions during the opposite period from the school's: "She really needs professionals who will help her in physical therapy in school as well, in the things she does, in order to develop her motility, I think that is extremely essential for her right now" (Beatriz). In addition, as highlighted by other educators, Beatriz also underlined that there were moments when the baby needed physical help for some activities and to get around, which many of her colleagues no longer needed: "She has a mobility issue, we have to assist her, pick her up on our lap and transport her".

In sum, it is noticeable that Vitoria required physical and mobility care different from other babies, especially regarding getting around. Once again the idea of that extra thought from her family, the health field, and education demanded by her disability proves to be present here, but it is also always present in interactions with Vitoria. That extra thought was also permeated with the affection and care offered by the educators, considered necessary to every child in development, especially in that age group. Another common factor in the interviews was the educators' concern to offer Vitoria care that would enable her development to take place in the best possible way, a concern which also applied to the relationship between caretakers and baby, pervaded by special extra thought.

## Discussion

As previously highlighted, this study aimed to investigate the perspective of educators faced with the needs of a baby with physical disability in a context of inclusion in day care. The results demonstrated the importance of an 'extra thought' as a necessary element to fulfill the demands of babies with physical disabilities, who ended up requiring greater physical and psychic availability from the educators.

Even with guaranteed rights in terms of legislation, it was not until recently that babies and small children started attending spaces like day care centers more frequently (Bruno, 2006). As a consequence, the results of this study indicate that educators were also adapting and learning the best way to take care of those babies and the exchange of experience is of great importance to help with the efficiency of inclusion, as pointed out by Bossi (2017). In addition, as a consequence of being a recent process, exclusionary practices may occur when taking care of babies with disabilities, even though the educator's speech may point to inclusive actions. That happens despite inclusive education emphasizing the need for the school and teachers to reinvent themselves daily, with the intent ensure participation and offer opportunities to all students. In other words, the day care environment needs to be accessible not only from the physical point of view, but also from the relational and pedagogical perspectives as well (Martins, Sternberg, & Rozek, 2019).

The educators in this study highlighted that Mariana's and Vitoria's needs were the same as all other babies', namely, they had their needs fulfilled as babies the same way

their colleagues did. However, there was often a difference, an extra care that those babies required because of their physical disabilities. For that reason, the educators mentioned that inclusion was related to those babies' 'extra' needs and consisted of recognizing such differences and working with them in a way so that everyone could develop having the same opportunities, albeit in different rhythms. In line with those results, Amiralian (2003) mentions the importance of viewing disability as a characteristic of the individual, which constitutes them, suggesting that diversity is inherent to human nature. However, it is still appropriate to consider how much disability may still be seen in the school context from a medical standpoint, which views disability as part of the individual's body, disconsidering, to some extent, how much social context in itself segregates that disabled body (WHO, 2012). At the same time, the teacher's view on disability directly affects the care they offer the child, in such a way that the view from the social standpoint enables the implication of the school and the teacher in including the child, whereas the medical perspective delegates that responsibility to the person with disability and their family (Martins et al., 2019).

The results in this study also illustrate that the role educators have in environments of collective care are similar to the maternal one, for it is expected of them to be available to receive the baby's spontaneous gestures, and at the same time to also offer the conditions for them to develop and explore the environment safely (Winnicott, 2000). Something equally as challenging is to look at the baby not focusing on their disability, but rather on their needs as a baby. It is also presumed that visual glances take on an important role when it comes to physical disability, given that the baby's limitation is visible, which, in part, makes their differences explicit with relation to the other babies. In that sense, the non-verbal communication between educator and baby in the day care environment can be present, illustrating what Winnicott (1983) named silent communication. That form of communication is primitive, older than speech, and it can be felt by the baby in relation to their mother and, in a broader way, to their educators. It consists of a bidirectional communication, in which the baby communicates both affection and feelings that are harder to deal with to the caretaker, and vice versa. That way, the educators glances and gestures can also communicate to the baby, even if silently so, their fears, anguishes, and preconceptions, given that the task of caretaking demands, in its own right, that the adult be in touch with their own history (Zornig, 2010).

For a long time it was a common belief in the school environment that inclusion meant adapting the curriculum and offering the same care to all, regardless of their differences, which could lead to an absence of catering to individualities (Souza & Minetto, 2017). Even if in a subtle manner, that aspect underlines how much exclusionary practices can still be a part of the day care environment, particularly when activities are planned for children with typical development (Martins et al., 2019). It also points to the need for integrated practices between the school and the team of professionals to cater to the demands of babies with disabilities (Bruno, 2006), as well as the need for a perspective of education that considers the plurality of childhood experiences (Alves, 2018).

Acknowledging and catering to the needs of each baby are fundamental to the effectiveness of inclusion and that is not a simple process, because many times it is hard to adopt an empathetic and sensitive standpoint when one has not lived through a similar experience. As highlighted by one educator in this study (Paulo), when taking care of a baby it is important to try to view the world from their perspective, avoiding 'such an adult perspective'. In the case of babies with disabilities, that work becomes even more challenging for educators, for it is plausible to think that those babies perceive the world differently from the way they do as adults and also from the way they did when they were

children. In that sense, Amiralian (2003) underlines that people without disabilities often have difficulty identifying sensory or motor clues from people with disabilities, because they are different from their form of communication with the world. That could cause relationships marked by intrusiveness, with emphasis on the difficulty distinguishing between the limitations of the person with disability and their real condition of dependence on interpersonal relations, which may manifest as a barrier to school inclusion. Furthermore, Vitta, Vitta, and Monteiro (2010) highlight that not all teachers feel motivated to work with children with disabilities, partly because in order to work with disabilities they are required to acknowledge that the contact with a baby with disability implies dealing with something different, namely, with what is strange, unfamiliar, which may awaken hostile feelings and make inclusion by the educator even harder.

It is also highlighted that the 'extra thought' mentioned by the educators in this study can consist of many forms of caretaking, such as: giving greater attention to the babies, and especially their moves; adapting class activities in a way that they can participate and interact with their colleagues; and physically helping them when they are still unable to perform those activities or movements on their own. Similarly, Melo and Ferreira (2009) also underlined that the teachers demonstrate being attentive to the disabled child's needs, at the same time that the concerns related to the responsibility they have towards the student, their dependency for mobility, and difficulties getting around in the classroom related to their physical limitations are also evident.

It is not only about a perspective, but also about being present, 'body and soul', as one of the educators in this study mentioned (Doris). That physical and emotional presence, sensitive and attentive, can be very exhausting for educators, who try to offer the best possible care to the babies on a daily basis. In this study it was observed that the educators were not only present, but they lent their bodies to the babies in order to help them build themselves physically and psychically. That movement enabled giving the babies' bodies an outline, helping them to know their limitations and abilities, supporting those little humans and helping them build themselves embracing their disability. In that role performed by educators, one can often find one of the maternal tasks defined by Winnicott (2000) as fundamental for the psychic constitution of the baby: 'holding', which refers to the mother's or caretaker's capacity to identify with the baby, in order to cater to their needs in a sensitive way (Winnicott, 2000), and it can also be extended to the context of the educator-baby relationship.

That care highlighted by educators shed a light on the affectionate relationship they established with the babies, in which they seemed to invest daily. Even though educators reveal themselves as sensitive, studies have highlighted the emotional complexity involved in taking care of babies (Page & Elfer, 2013), which can be accentuated in the presence of disability (Vitta, 2010), making it hard to uphold that position of caretaking so constant with the many children they tend to. Thus, offering affectionate care in the day care environment may become a challenge for educators, who tend to favor attending to their physical needs in detriment to affective interactions (Pessôa et al., 2016). That behavior is partly due to the fact that caring for babies may awaken some anxiety and feelings that are hard to deal with (Polli & Lopes, 2017). In addition, poor work conditions in the public system, with low income, great numbers of students, long work hours, as well as the responsibility of taking care of the children are factors that contribute to teacher malaise (Martins, Vieira, Feijó, & Bugs, 2014). One can add to that list the divergence between the legislative proposals regarding inclusion and the reality lived in early childhood education institutions as an aspect that also contributes to the teachers' overload (Oliveira, 2016).

The data also illustrate the importance of the many environments the baby with physical disability attends offering services that follow a same perspective of care. As such, the dialogue between healthcare agents, educators, and family members becomes essential so that they can jointly work towards the best possible development of those babies, which was also pointed out by Bossi et al. (2018) as one of the factors that contribute to the process of inclusion in day care. Therefore, it would be ideal that that cross-sectionality be put to practice, which also appears as a wish of the educators and that would maximize the care offered to those babies, by receiving multiple perspectives from different areas.

The families of the babies at hand also appeared to be allies to the school with regard to caretaking. Despite initial difficulties, it is evident that the partnership forged between family and school, through continuous exchanges, enabled the stimuli offered in school to not stop at home and vice versa. In that sense, parental attitudes can influence inclusion, making it paramount to have them as partners in that process, enabling the dialogue between caretakers about the child's needs in their contexts of development (Cummings, Sills-Busio, Barker, & Dobbins, 2015).

Furthermore, it is interesting to note that none of the participants reported the need for accessibility resources (such as grab bars at the babies' heights), which seems to be related to the fact that they made their own adaptations with other resources available at the school. However, perhaps those structures were not yet that necessary, since, in the early years of life, babies are still in the relative dependence period (Winnicott, 1983), when their demands for help from educators are often seen as being due to their age, and not necessarily associated with their disabilities.

## **Final considerations**

In summary, the data in this study illustrate that babies with physical disabilities have the same needs as any other baby; however, they do need an 'extra thought' directed to the specificities of their disabilities. In that sense, the importance of offering an inclusive environment for all babies in the environment of collective care of day care centers is highlighted, so that they can feel welcome even with their singularities, regardless of the presence of disability or not. Those issues indicate how challenging it is for educators to offer sensitive care to the needs of babies with physical disabilities from nursery, according to their rhythm, encouraging their potential and respecting their limitations.

It can also be said that, despite the contributions of this study, it is important to advance the understanding of the phenomenon of inclusion in a longitudinal way, as well as considering different disabilities and other agents involved in that process, such as family and the school principal's office. In that sense, we suggest further studies in order to investigate longitudinally a greater number of babies and educators, as well as different disabilities.

Finally, we highlight the importance of the educator as a fundamental piece in the day care environment since they are in direct contact with the baby in the caretaking routine. It is also interesting to note that identifying and catering to the needs of the baby is demanding in its own merit, which can become even more challenging, both physically and psychically, in the presence of disability. Therefore, environments where educators can listen and share their experiences become important devices in the inclusion process.

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