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THE SENSES PRODUCED BY SCHOOL CAREGIVERS OF CHILDREN WITH CZVS

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ABSTRACT. This study is based by the perspective of the cultural-historical psychology on people with disabilities, aimed to apprehend the subjective dimension of the reality (or mediations) of children with Congenital Zika Virus Syndrome (CZVS) on the school context development and learning from the senses produced by school children caregivers. For this reason, semi-structured interviews were conducted with three caregivers working in three daycare centers belonging to the teaching system of education in Campina Grande/PB. For data analysis, was performed the meaning core, which aims to apprehend the contradictions that constitute the productions of discursive meaning in the participating subjects. The results indicated that school caregivers prioritize the mediation in the relationship established with children CZVS, though not disregard the instance of care in terms of the special needs related to psychomotor integrity that these children have. Furthermore, it was evidenced that the participants emphasize the children's potentialities to the detriment of the lack or injury generated by the disability.

Keywords: Child day care; caregivers; inclusive education.

OS SENTIDOS PRODUZIDOS POR CUIDADORAS ESCOLARES DE CRIANÇAS COM SCZV

RESUMO. Este estudo, fundamentado na perspectiva da psicologia cultural-histórica sobre a pessoa com deficiência, teve por objetivo apreender a dimensão subjetiva da realidade (ou as mediações) das crianças com a Síndrome Congênita do Zika Vírus (SCZV) no contexto escolar de desenvolvimento e aprendizagem a partir dos sentidos produzidos por cuidadoras escolares. Para tal, foram realizadas entrevistas semiestruturadas com três cuidadoras escolares que trabalham em três creches pertencentes ao sistema de educação de ensino de Campina Grande/PB. Para análise dos dados, foi realizado o procedimento dos Núcleos de Significação, que visa à apreensão das contradições que constituem as produções de significação discursiva dos sujeitos participantes. Os resultados indicaram que as cuidadoras escolares priorizam a mediação pedagógica na relação estabelecida com as crianças com SCZV, embora não desconsiderem a instância do cuidado em termos das necessidades especiais relacionadas à integridade psicomotora que essas crianças

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apresentam. Ademais, foi evidenciado que as participantes salientam as potencialidades das crianças em detrimento da falta ou lesão gerada pela deficiência.

Palavras-chave: Creches; cuidadores; educação inclusiva.

LOS SENTIDOS PRODUCIDOS POR CUIDADORES ESCOLARES DE NIÑOS CON SCVZ

RESUMEN. Este estudio, basado en la perspectiva de la psicología cultural-histórica sobre las personas con discapacidad, tenía como objetivo apreciar la dimensión subjetiva de la realidad de los niños con Síndrome Congénito del Virus del Zika (SCVZ). en el contexto escolar del desarrollo y el aprendizaje de los significados producidos por los cuidadores escolares. Para ello, se realizaron entrevistas semiestructuradas con tres cuidadores escolares de guarderías diferentes que pertenecen al sistema educativo de Campina Grande/PB. Para el análisis de datos, se realizó el procedimiento de los núcleos de significación, cuyo objetivo es aprehender las contradicciones que constituyen las producciones de significado discursiva de los participantes. Los resultados indicaron que los cuidadores de la escuela dan prioridad a la mediación pedagógica en la relación establecida con los niños con SCVZ, aunque no descuidan la instancia de cuidado en cuanto a las necesidades especiales relacionadas con la integridad psicomotora que tienen estos niños. Además, se destacó que los participantes ponen de relieve el potencial de los niños en detrimento de la falta o lesión generada por la discapacidad.

Palabras clave: Jardines infantiles; cuidadores; educación inclusiva.

Introduction

In 2015, the Brazilian Ministry of Health registered a significant number of births of babies with microcephaly under suspicion of having been affected by the Zika virus during intrauterine life, developing what part of the produced literature in the health field named Congenital Zika Virus Syndrome – CZVS, which has configured itself as an alarming and emergency public health framework (Brasil, 2015; Lopes, 2018; Santos, Reis, & Souza, 2018).

In 2019, the Health Surveillance Secretariat of the Ministry of Health registered 2,865 confirmed cases of Brazilian live births and children with alterations in growth and development, possibly related to Zika virus infection (Brasil, 2019). Based on epidemiological monitoring in 2015 and 2019, the Northeast was the Brazilian region with the most babies and children alive with CZVS, especially in Bahia and Pernambuco.

CZVS, in addition to causing microcephaly (brain circumference below the standards of age and sex) and changes in the central nervous system (deficit in brain function), greatly affects global development, generating a picture of multiple deficiencies by compromising the motor and the sensory field, cognition and swallowing, configuring a high degree of severity (Eickmann et al., 2016; Folha, Mariani, Nunes, & Barba, 2018).

Given the unusual occurrence of CZVS and the urgency to map the clinical picture for multidisciplinary health intervention, along with the complexity of the consequences on the quality of life of these children, it is possible to find a considerable record of Brazilian studies in the field of health under multiple approaches (Lopes, Nozawa, & Linhares, 2014). In this context, studies in the educational area and related areas, although on a smaller scale,

begin to emerge once every Brazilian citizen, according to art. 206 of the *Constituição da República Federativa do Brasil de 1988*, is entitled to lifelong school (Batista & Moutinho, 2019; Farias & Vilachan-Lyra, 2018; Floriani, 2017; Gonçalves & Fernandes, 2019; Fernandes, Santos, & Queiroz, 2019).

There are legal provisions and academic policies to ensure the right to school for people with disabilities in the Brazilian educational scenario. Therefore, the Brazilian Inclusion Law (Lei Brasileira de Inclusão [LBI] - Law 13,146, July 6, 2015) stands out, being the most current legal provision. In article 28, people with disabilities are guaranteed the right to access and stay in the educational system to develop their physical, sensory, intellectual and social capacities according to their particularities and learning possibilities. This legal provision makes the public authorities responsible for a series of measures that must be complied with, aimed at providing quality and equitable inclusive education (Lei 13.146, 2015).

LBI guarantees children with disabilities the uniqueness in pedagogical attendance in schools to expand their development capacities within their learning possibilities. To this end, this law recommends that educational institutions produce a specialized teaching plan that includes all the didactic, methodological and technological resources necessary for the learning path of children with atypical development.

Another relevant point is to ensure the participation, in the pedagogical team, of school support professionals for specialized and individualized care for the needs inherent to the disability of each child. However, it is unclear whether school support professionals will be for each disabled child in the

abovementioned law. In the case of a child with Congenital Zika Virus Syndrome, depending on the degree of impairment, the school should offer school support professionals to work only with that child, as in the case of those with autism spectrum disorder (Lei 12.764, 2012).

Before the alarming epidemiological situation of births of children with CZVS, the LBI, which determines and ensures the general guidelines for specialized educational care for children with disabilities, as well as because we are located in the region most affected by the Zika phenomenon and in line with the 2040 Paraíba Strategic Development Plan (Plano Estratégico de Desenvolvimento da Paraíba 2040 - Lei 10.632, 2016), a larger research project was designed aimed at the psychosocial and educational issue of inserting children with microcephaly caused by Zika virus into the municipal school system in Campina Grande/PB⁶.

The theoretical and methodological lens, with a comprehensive approach, that guided this investigation was the cultural-historical perspective of human development at the interface between psychology and education. In addition, the assumed epistemology is supported by the contributions of Russian psychology that postulate the inseparable relation between social and historical practices constituted in the cultural contexts that man experiences, favoring the constitution of the subjective dimension in school learning processes.

By positioning the cultural-historical approach, Vygotskians and contemporary collaborators' contributions are stressed to understanding children with disabilities since they value the person and not the disability. Thus, it is necessary to understand it in its entirety, especially in the potential of disabled children, so that, based on this recognition of

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their real conditions, "[...] educational strategies that contribute to promoting their learning and development [...]" can be structured (Martínez & Rey, 2017a, p. 124).

Furthermore, a relevant aspect in the Vygotskian approach to the development of children with disabilities highlighted here is the concept of compensation. According to the author, compensation "[...] as the individual's reaction to a defect, initiates new roundabout developmental processes, [it] replaces, rebuilds a new structure, and stabilizes the psychological functions" (Vygotski, 1997, p. 17).

In turn, Martínez and Rey (2017b) emphasize the need to consider that disabled children have learning processes that are essentially different from those without disabilities and that, to conduct pedagogical work with them, the presence of a professional such as the school caregiver who can work together with the teacher to create adequate pedagogical mediations to individualized educational needs favoring the development of children with disabilities in the classroom.

For these authors, the school and the classroom are conceived as social spaces that can favor new productions of subjective meanings, with the promotion of an interactional environment between children with and without disabilities by allowing the expression of disabled children at her possible level, always aiming for her advancement to a higher state and overcoming the prejudices of the dominant social subjectivity concerning disability (Martínez & Rey, 2017b; Vigotski, 1989).

By focusing on the school as a space for the construction of subjectivities related to the learning of children with disabilities and indirect paths of human development in the Vygotskian perspective of inclusive education, this study addresses the professionals who make up the pedagogical team, in particular, the figure of the school caregiver, due to the intense work of individualized pedagogical stimulation and care with mobility, hygiene and nutrition, conducted with the student population with specific needs.

The Municipal Council of Education (Conselho Municipal de Educação [CME]) of Campina Grande/PB, through Resolution 02/2019, highlights, in Art. 17, the offer of overcoming administrative, prejudice, discrimination barriers and any other form of exclusion to academic units in the municipal education system of Campina Grande. On page 9, paragraph 4 of this Resolution, it is established that "[...] the reality of the baby and children with Congenital Zika Virus Syndrome (Microcephaly) must be considered in the early education service and family monitoring [...]" as one of the measures to face these administrative barriers before the condition of the CZVS child (Resolução nº 02, 2019, p. 09).

Although it is an administrative act carried out in a municipal public sphere of education, Resolution 02/2019 considers the constitutional right to the schooling of children with CZVS. It reinforces the need for a support professional to help these children in the process of educational inclusion and, above all, in their permanence in school and their development.

Indeed, given the breadth of the subjective dimension of reality about inclusive education, this study focuses attention on the meanings produced by school caregivers related to the development and learning of children with CZVS enrolled in three children's daycare centers in the municipal education network of Campina Grande/ PB. Bock and Aguiar (2016, p. 49) stated, "[...] the subjective dimension is a dimension of reality and not of the subjects, but it is exactly the reality dimension that affirms the presence and contribution of subjects in its construction".

Based on the above, how have school caregivers constructed meanings regarding the development and learning process concerning the children with CZVS with whom they

work? And then, the objective was to apprehend the subjective dimension of reality (or the mediations) of children with CZVS in the development and learning school context from the meanings produced by school children caregivers.

Ultimately, we intend to contribute to reflections in the scope of pedagogical mediation in the field of special education in an inclusive perspective, with an interdisciplinary and intersectoral focus, based on the considerations and conceptions of those who work in the teaching and learning process of CZVS children into the dimension of school reality.

Method

As this is a genuine study conducted with human beings, the project was submitted to the Ethics Committee from Plataforma Brasil and obtained a favorable opinion (Opinion No. 3.074,687), identified by the Certificate Ethical Appreciation Presentation - CAAE 0131.2018.6.0000.5175.

The multiple case study design was adopted to investigate a contemporary phenomenon within a real-life context (Yin, 2001). In addition, we reiterate that this study is qualitative and based on the historical-dialectical method that seeks to overcome dichotomies to understand a totality of objective and subjective elements and their contradictions that express the movement of reality (Aguilar, Soares, & Machado, 2015).

Three school caregivers who work in three children's daycare centers belonging to the education system in Campina Grande/PB participated in this study through individual semi-structured interviews. These participants are identified here by fictitious names, as recommended by Res. 466/2012 on ethical care in Brazilian research with human beings (Resolução nº 466, 2012).

For the analysis of the interviews, the analytical-interpretive procedure called Nuclei of Meaning (NM) was carried out, which allows the movement of the research that goes from the empirical to the abstractions, consisting of three steps starting with the survey of pre-indicators, followed by the systematization of indicators and culminating with the construction of nuclei (Aguilar & Ozella, 2013).

Results and discussion

Anahí is a pedagogue with a specialization in Psychopedagogy. At the research time, she had two years of experience as a school caregiver with a child with CZVS in the same daycare center. Bartira, the other school caregiver, is a pedagogue and has experience as a teacher. At the time, she had four years and six months of professional experience in this role, having attended to three children with distinct disabilities (one blind child, one with low vision and a third with cerebral palsy) in the first four years. She has been working with a CZVS child for the past six months. Tuane, the third participant, is a pedagogue specializing in Psychopedagogy. She has two years as a school caregiver, and at the time, she had been working with a child with CZVS for one year.

The nuclearization movement of interviews

Considering the nuclearization shown in Chart 1, we started with the intra/internucleus analysis constituted by the verbal formulations of each participant in the exercise of interpreting the subjective dimension of the pedagogical reality of the three school caregivers of CZVS children, to then carry out an internucleus interpretive movement of the systematized meanings in the three interviews.

School caregivers	Nuclei of Meanings (NM)
Anahí	(NM1) "I had never dealt with a person with microcephaly and what level of impairment she would have". (NM2) "We have to respect her time as well". (NM3) "We put her in the middle, and there's that response and receptiveness of the children, they kiss, they hug, talk to her". (NM4) "It seems like a small evolution, but it is a huge breakthrough for the level of commitment she has". (NM5) "We do a lot of sound, visual, touch activities. We ask her to touch diverse textures".
Bartira	(NM1) "I'm not very sure, but let's see, since you're proposing to me". (NM2) "Because I take care of Sunflower. I don't take care of the disabled boy. I think we should have this look". (NM3) "I always tried to be his support, as his column doesn't work on, so I try to be that". (NM4) "In the network, the secretariat asks you to be a pedagogue for the position of caregiver. This is important. It's not just the look. It's not just the care. You're there with the child. There's a pedagogical side". (NM5) "I'm not going to talk about Sunflower, I'm going to talk in general. The inclusion process, I think, leaves a lot to be desired in the classroom".
Tuane	(NM1) "I think that, for me, it was her feeding that was the most challenge thing". (NM2) "When there's an activity in the classroom, she does it too, when there's painting. So, these things, she does too". (NM3) "they keep asking a lot of questions, but there are times when they take her little hand, her cheek and she doesn't mind, she smiles". (NM4) "I was reading her report in the notebook, and I think that, for me, I think it's the same thing. I've been reading about this issue, do you know? I don't think she has changed".

Table 1

Nuclei of Meanings (NM) of school caregivers.
colares.

About NM1 systematized from the speeches of the school caregiver Anahí who stated that she had never had the experience of caring for a child with CZVS because, in her words, "[...] I had never dealt with a person with microcephaly and what level of impairment she would have [...]"; and further on, she adds that, "[...] when I arrived and started, I didn't have much knowledge, I knew what congenital Zika virus microcephaly was, how it was acquired and such, but I didn't know exactly how I would perform".

Anahí emphasized the importance of knowing the necessary care for CZVS children as a period of observation of the child's behavior to conduct the school caregiver's work when she states, "Look, it's a considerable work of observation [...]". Another highlight in this nucleus is the process of mutual adaptation between the child and Anahí because, "[...] for her to adapt to me, she cried a lot, had convulsions and spasms, especially in the eyes. With the treatment that her mother has done, it started to decrease [...] And also the spasms in the limbs that they are present". On the other hand, Anahí mentioned that, "[...] I was adapting to what she already had [...] whether it was common, what frequency it was common [...]. My daily routine was like that and with the researches I was doing and studying [...] to help me deal with it". This school caregiver also highlighted the great relevance of

body language for the child with CZVS with whom she works since there is no verbal communication on the part of the child. Thus, Anahí emphasizes that "[...] we have to be very attentive to the details [...] as from them she will give you information about what she is feeling". Thus, we identified that NM1 was constituted through the challenges faced by the caregiver Anahí, related to knowing how to deal with the specific condition of this child, needing to invest in the observation of how this syndrome is expressed in her physically, as well as going through a process of mutual adaptation.

Regarding NM2, the emphasis is on the daycare center's pedagogical routine with the classes. In the specific case of the child with CZVS, the caregiver Anahí stated that she is not the same as the other children in the class. The pedagogical routine of the morning shift is filled with activities that require the children to wake up to perform them. Thus, all children have breakfast when they arrive at the daycare center and then start teaching-learning activities with the teacher in the classroom. In the case of children with CZVS, even though she has her first meal, she arrives sleepy because of the anticonvulsant medication, which, said by Anahí, "[...] doesn't let her very smart [...]", needing to sleep. The caregiver emphasized that the teaching-learning activities are conducted with this child in the afternoon shift because, in general, this is the shift in which she is most active. As Anahí points out, "[...] it's her time, we can't have a child who is medicated and make her participate in something she won't yield". Thus, the pedagogical routine experienced by this CZVS child happens in the inverse sequence of the other children, due to the care and controls with her health, which she needs to remain stabilized from a neurological point of view because of the convulsive condition that she presents.

In NM3, interaction and inclusion in the classroom were highlighted themes. In this sense, inclusion in the classroom has already taken place, because, according to Anahí, "[...] they [classmates] are not afraid, nor we are afraid to put her in the middle, sitting, for the children touch her and she can feel the other children, feel the sound, the noise, the smell, touch [...]". About the interaction, Anahí clarifies that "[...] everyone talks to her, talks to her and she does that feedback with a smile, with a look, so she responds". So, we recognize that there is inclusion in the class, and there is the interaction between the CZVS child and the other children and all the professionals who work at the school. Thus, inclusion and interaction satisfactorily take place through affective attitudes and communicative exchanges with demonstrations of care, affection and attention.

Through advances in the development of children with CZVS, we show in NM4 that the school caregiver Anahí identifies that this child's diet had improved a lot because "[...] today she eats much better than before. She was skinny, she feeds much better today[...]". Another aspect highlighted by Anahí, in terms of the advances achieved by this child, is the visual and sound perception when she states that "[...] if it were a sound, a person who arrived, if it were something that fell, she will move in that direction. It is one of her great evolutions [...]"; and complements her assessment on this child's development emphasizing that "[...] these are things she didn't do before, so she's already giving me more answers. It seems like a small evolution, but it is a huge breakthrough for the level of commitment she has [...]".

The last relevant point addressed by Anahí about the pedagogical interventions she performs with a CZVS child was sensory stimulation, which culminated in NM5, in which this caregiver explains the activities she performs for this purpose. However, Anahí commented that the stimuli were more intense in the child's first year at the daycare, since, "[...] in the first year of life, it needed to be done often, then, as she attends many other therapies, sometimes hyperstimulation causes her to convulse. So, you have to be careful, balanced".

On the other hand, this caregiver mentions that "[...] we do a lot of sound, visual, touch activities, we ask her to touch diverse textures [...]". She adds talking about the connection between her and the class teacher regarding the fact of thinking together about the activities that are adequate to the CZVS child, "[...] we adjust some activities that we can do with her [...] so, she always does activities within what she can carry out".

After the intranucleus analysis, we proceeded to the internucleus analysis of Anahí's statements about the care and interventions she performs with this child with CZVS. A relevant element is a fact that Anahí has worked for two years with the same child, which is a great benefit for her development, with a pedagogical work that favors the potential in learning situations, based on the possibilities that the child has, promoted by the interaction with other children and with other professionals who work at the school. Thus, we realize that Anahí's professional conduct, as a school caregiver, is in line with the propositions defended by the cultural-historical psychology of human development, with the Vygotskian conception of social compensation and with the pedagogical guidelines related to specialized care, ensured by the legislations on the educational rights of the person with disabilities (Lei nº 13.146, 2015; Martínez & Rey, 2017b; Vygotski, 1997; Resolução nº 02, 2019).

Bartira, the second school caregiver, brought in NM1 the issue of little security when she received the proposal from the school management to take care of a child with CZVS. In Bartira's words, "[...] I'm not very sure, no, but let's see, since you're proposing to me [...]". In addition to the initial insecurity, this school caregiver also revealed the challenges related to the beginning of work with the child, as the constant crying and difficulties in feeding that presented themselves in an accentuated way for her, "He cried all the time [...]"; and she added that, in the beginning, she was very scared, especially at times for feeding, "I was afraid because there was the issue of feeding him, the spoon was the eating tool, everything was linked to the spoon, the water was in a syringe [...]".

On the other hand, regarding NM2, the process of adaptation to the new task by the school caregiver Bartira was successfully consolidated, as she exposes the attitude with which she directed her work towards the child, "Because I take care of Sunflower. I don't take care of a disabled boy, I think we should have this look [...]". Thus, she focuses her attention on the child and not on the disability, on the potential and not on the limitations imposed on babies affected by this syndrome. In a similar movement to this conception that invests in the child's potential with CZVS, Bartira reiterates that "[...] it's a person you're with, it's not the boy with microcephaly. It's about what he can do beyond what is said to be possible for him [...] and he went beyond [...]"; and complements by stating that "[...] he takes steps, I put him to play here on the sand a lot, I put him on the swing. I looked for things that people thought were not possible because he doesn't have any support from the body, and I kept trying [...]".

Regarding NM3, the discursive emphasis of this school caregiver falls on the relevance of her daily work of learning with the child. Her speech elements linked to a concept of integral human development are highlighted when she verbalizes about interventions and stimulations carried out in motor skills and verbal and gestural communication with the CZVS child under her care. Thus, she comments, "I put him to walk on my feet [...] I tried to seat him on chairs in various ways". Furthermore, she adds, mentioning his doctor's recommendations about the need for continued motor stimulation, "[...] because one of the things his doctor expects for him is related to having more mobility in his arms, which were very locked, very rigid". Nonetheless, Bartira respects the child's moments and his adverse reactions to the motor actions she provides, "There are times

when I put him in direct contact with the ground, times when he doesn't stay, doesn't want to, so I go and take him off".

However, in the field of verbal communication, stimulation takes place through several ways that favor the establishment of non-verbal communicative exchanges between the caregiver and the child, as the participant points out, "One thing I realized was significant: his name. So, I spell it out. That gave him satisfaction, an expression on his face [...]", and complements with the information that, "[...] when I sing the vowels for him, I musically sound these vowels for him, and he understands [...] he expresses it through his face, in a smile [...] he expresses opening his mouth as if he wanted to say that". Thus, this communicative correspondence between them is established by the simultaneous verbal and non-verbal link, which corroborates the perspective of the potentialities that each one has to maintain the communicative interaction between them.

The caregiver resumes the motor stimulation that she performs with the child when referring to her training in theater, on account of the work with the musculature due to the bodily activities required in the scenic performances and, thus, states, "[...] I worked with theater and, in theater, we work a lot with the body, I did a lot of body workshops and, through these body workshops, I got a lot of knowledge". Finally, she concludes the topic by evaluating that, "This was very good for me, other experiences just add up, this theater experience is never just for that. Today, I see that this is helping me here [...]". This path of achievements between Bartira and the child under her care demonstrates a remarkable advance in the development of motor skills and muscle tone in this child, based on the interventions carried out by the school caregiver.

Concerning NM4, Bartira highlights the professional profile required by the Department of Education of Campina Grande for the position of school caregiver, which includes training in Pedagogy, in addition to knowledge related to primary care with health, safety, mobility, hygiene and nutrition, "In the network, the secretariat asks you to be a pedagogue for the position of caregiver. This is important. It's not just the look. It's not just the care. You're there with the child. There's a pedagogical side". This caregiver also reflects on the work she does with the child from a pedagogical point of view: "I believe that the little I do with Sunflower is pedagogical [...]" as the other care assigned to this professional in the school context, "I spend all the time with him, watching what movement he's doing".

Furthermore, she stated that she participated in training in the health area to know how to deal with the child with CZVS: "I learned that small tremors they have may be small seizures they have, according to the doctor who came to give us this training to". She encompasses this dual professional role of the school caregiver by informing that "[...] he has these small tremors a lot. He's fine and all of a sudden [...] as if it were a fright". Then, she concludes this topic of the school caregiver performance reflecting on the specific needs of a CZVS child, "The action in these moments is very specific. There is not much pedagogical part, it's really caring because he was sleeping and I had to be with him there, watching, taking care of himself".

In particular, NM5 portrays the interaction and inclusion of children with CZVS in the class and other spaces of coexistence at the school. Bartira reveals that the inclusion process in the classroom, in general terms, is still a significant challenge, "I'm not going to talk about Sunflower, I'm going to talk in general. The inclusion process, I think, leaves a lot to be desired in the classroom". On the other hand, about the school reality in which she works, she says that "[...] he is well accepted by the teachers, by the management, by the daycare center, as it welcomes these children very well [...]" and she adds by mentioning some of the teacher's attitudes towards the children in the class to favor the process of

interaction in the classroom between them and the child with CZVS. Thus, the caregiver says: "When the other children are coming back from sleep, the teacher always says, 'Let's say good afternoon to Sunflower?' [...] they say good afternoon, take his hand, smooth his hair, ask him why he's crying [...]". Furthermore, Bartira emphasizes "[...] in this context of his, he learned a lot [...]"; and complements by reflecting that, "I keep wondering what is on their minds [...]". And ends by saying "I think he feels, in fact, he feels it, he feels affection, he feels the presence, he certainly does".

By advancing in the internucleus analysis of Bartira's discursive material, among the five cores demarcated here, it was possible to apprehend how the recognition of the pedagogical dimension of her work is substantial for the development and learning of CZVS children. Bartira, by positioning herself as an agent of mediation in this process, consolidates her role as an educator by offering opportunities for the child to interact with culture through verbal and non-verbal language, and, regarding the latter, there is an emphasis on emotional language, which has the body as the basis of his expression, therefore, of his movement.

Regarding the interview with Tuane, another caregiver participating in this study, it was identified in the verbal material produced during the interview, through the NM1, the challenge experienced by her in the first approaches to the accomplishment of the relevant professional assignments to child care. She highlights, "[...] I think that, for me, it was her feeding that was the most challenge thing [...]"; and adds, "[...] because, like, she chokes, her cough with chokes is very scary, do you know? [...] I'm afraid [...]". This child's difficulty configures itself as a justification for the food-related challenges the caregiver faces before the swallowing state by the child with CZVS under her responsibility.

To face this feeding challenge, Tuane emphasizes her approach to the daycare team, "I tried my way to understand, right, because all the time the girls are not willing to help me and the challenge is mine [...]", despite understanding the importance of mutual collaboration between the team. Tuane also highlights the lack of prior preparation to conduct her activity, stating that, "[...] it would be good [that] we had a course. I think her grandmother even asked 'have you ever taken a course like this?' and I say 'no, we were not entitled to that'".

The issue about the lack of prior training about her activity becomes even more evident during the interview, when she lets out, "[...] because she suddenly does it like this, she calls, then she says 'Tuane, you go to that school in the neighborhood such'. You get there, and you don't know anything". Thus, NM1 is represented through the challenges related to the lack of training before the beginning of her performance with the CZVS child and the activities of daily living, such as feeding. Such adversities are overcome in everyday life through the collaboration of co-workers and attitudes such as patience and extra care in the face of situations that emerge.

Concerning NM2, we pay attention to the activities in which the CZVS child participates in the daycare. It is evident that, although the child does not have the same hours as their classmates due to visits to the doctor and more extended periods for meals, she is encouraged to participate in teaching-learning activities in the classroom, "When there's an activity in the classroom, she does it too, when there's painting. So, these things, she does too. The day she comes, I like her to participate". The caregiver also talks about the moments in which the child does not participate, showing that the necessary apparatus for inclusive work should need more attention "[...] there are things she doesn't join, if she had an adapted chair, she would have participated in this ciranda, but as she doesn't have one, I don't like to be holding her, I take her out and put her on my lap".

Through NM3, we highlighted the issue of the interaction of the CZVS child with other students at the daycare center. Tuane highlights that this process has many positive

aspects, since "[...] she doesn't mind [...] they keep asking a lot of questions, but there are times when they take her little hand, her cheek and she doesn't mind, she just smiles [...]", emphasizing that the reactions happen a lot through smiles, "Yeah, she smiles [...] there are times when she gives each smile, each scream [...]". Thus, we identified the importance of understanding that communication is beyond and is more comprehensive than verbal communication. When working with children with CZVS, being aware of non-verbal communication is essential, both in daily life activities and the teaching-learning process.

Regarding NM4, Tuane brings her perception about the progress of children with CZVS in a year of exercising with her, "[...] I was reading her report in the notebook, and I think that, for me, I think it's the same thing. I've been reading about this issue, do you know? I don't think she has changed". And she complements this assessment by emphasizing the number of absences that the child presents, "As I told you, Rosa is missing a lot, she doesn't come like that every day". She also highlights the time working with the child, "[...] there is no way for me to say if Rosa has changed, mainly because it's my first year with her [...]". This deficit of presence in the classroom represents a significant impasse for the inclusion process, as it interferes in the progress of social interactions, as well as in the teaching-learning process, as also demonstrated by the caregiver, "I didn't go [to training] for a simple reason, I would have to take all the activities I did with her during the month, as Rosa had been missing a lot, what was I going to take? There was no way I could take them [...]". That said, we understand that several factors intersect when it comes to school inclusion and influence development paths and need attention to ensure effective progress in the inclusion process.

Continuing with the internucleus analysis of Tuane's reflections, the understanding was provided that, despite a year of work as a school caregiver with Rosa, her performance is still crossed by significant challenges that include work insecurities, frequent absences from the student and the deficit of the technical apparatus to carry out some activities. The difficulties reported show, despite efforts aimed at educational policies for people with disabilities (Lei nº 12.764, 2012; Lei nº 13.146, 2015), the details of this inclusion are still fragile and deserve constant attention. Thus, it is necessary to search for professionals who are in contact with this reality. With them, the foundations of the teaching-learning process of children with disabilities can be built. Therefore, Tuane's performance reflects an inclusive education that does not stimulate the process of social compensation, resulting in a loss in the process of singular subjectivation, which is essential for the development of the disabled person (Martínez & Rey, 2017b; Vigotski, 1989).

Internuclear interpretive movement: synthesis of the meanings of the interviews

In the process of analyzing the Nuclei of Meanings, it was possible to perceive, in the meanings produced by the participants, the existence of a response from the Department of Education of Campina Grande to the demand to guarantee the inclusion of children with disabilities, concerning favoring access for this population to education and its stay in it, according to what is determined by the Brazilian Inclusion Law (LBI) - Law No. 13,146, 2015; as well as by Resolution 02/2019, published by the Municipal Council of Education of Campina Grande, notably, as the focus of this study, about the 'supply of school support professionals' and the early education of CZVS children.

In this aspect, we highlight the relevance of the municipality's Education Management team regarding the construction of the professional profile to work with this population, that is, the initial training in a Pedagogy course, which indicates the concern with the relationship between caring and educating, in particular, in the Early Childhood Education modality. On

the other hand, we found a contradiction regarding the type of employment of these professionals, who, despite having initial training in a teacher training course to work in this modality and the early years of Elementary School, experience precarious working conditions, materialized, above all, by the temporary contract, which makes it difficult to continue the activity of educational intervention with children with disabilities, which is essential in this type of interpersonal relationship, as the mutual confidence is established gradually and slowly.

We also found that the hiring of professionals trained in Pedagogy guarantees a pedagogical mediation based on the specificities and subjectivities of children with CZVS, suggesting the construction of indirect cultural paths for development (Vigotski, 1989), as is the case with attention to communication through non-verbal language, based on the body and emotion; as well as the construction of strategies aimed at overcoming the social subjectivity of disability while failing to assume it as a difference (Martínez & Rey, 2017a).

On the other hand, we evidence another contradiction within the performance of professionals, who emphasize the development of affective-emotional abilities of children with CZVS, when LBI recommends that environments that maximize the academic development of people with disabilities are guaranteed. Thus, we realize that, in the process of early stimulation, there is a loss of integral human learning, which also includes cognitive development and, consequently, the learning of school contents as enablers to expand the action of these people in the world through alternative ways, as Vygotsky's cultural-historical psychology defends.

Final considerations

Given the intended objective of this study, we found that school caregivers produce meanings that place the pedagogical mediation process at the center of the development and learning process of children with CZVS. However, they do not abandon care in special needs related to these children's psychomotor integrity. In this process, they seek articulation with other education and health professionals and the family. According to the different meanings of the caregivers, the participation of the family in partnership with the school is essential to guarantee attendance and, therefore, the necessary stimulation and interventions for the child to achieve advances in her integral development.

We also noticed that the caregivers participating in this study positively mean the need to consider the specificities of the CZVS child to enable other cultural paths of development, in the same way that they do not understand disability as a weakness but as a strength (Vigotski, 1989; Vygotski, 1997). In this way, they invest in the children's potential and perceive them as people, thus assuming a prospective perspective of development and learning.

On the other hand, their meanings point to the difficulties that still exist in the field of inclusive education for people with disabilities and bet on professional training based on the relation between theory and practice, as well as on the prior knowledge of the education professional, so that there is an overcoming regarding the adversities that still limit school inclusion and the integral development of these subjects. Therefore, they favor the materialization of the current laws in the Brazilian educational context. In this sense, they conceive that the relationship of the school caregiver with the child with a disability needs to be established over time and procedurally, based on trust and knowledge about the personality and student's behavior in pedagogical monitoring, thus denouncing the inefficiency of temporary contracts of professionals working in this field.

Thus, in terms of the performance in the construction of the subjective dimension of school reality (Bock & Aguiar, 2016) by school caregivers, concerning mediation in the development and learning process of children with CZVS, the research participants bet on observation as a primary pedagogical tool, as well as in joint planning with other school professionals to create the necessary adaptations and overcome the feelings of insecurity and fear caused by the inexperience in dealing with CZVS children, in particular, regarding the requirements and care related to the health of this school population.

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