Children and adolescents in social vulnerability: well-being, mental health and participation in education[1]

Larissa Barros de Souza[a] ⓘ**, Maria Paula Panúncio-Pinto**[b] ⓘ**, Regina Célia Fiorati**[b] ⓘ

[a]Universidade de São Paulo – USP, Ribeirão Preto, SP, Brasil.

[b]Departamento de Ciências da Saúde, Universidade de São Paulo – USP, Ribeirão Preto, SP, Brasil.

Abstract: Objective: To analyze the life condition of families in social vulnerability and their potential relation with well being, mental health and the participation and school performance of children and adolescents. Method: Mixed-method study which used a sociodemographic questionnaire, narrated body maps and semi-structured interviews for data collection. Data was collected at one of the units of the Services for Coexistence and Strengthening of Bonds of the Secretary of Social Assistance of the city of Ribeirão Preto. The children and adolescents attending the service, their teachers, family members and the local coordinator participated in the study. Quantitative statistical analysis was performed with IBM SPSS Statistic version 24.0 program, qualitative assessment was performed through content analysis. Results: It was possible through the interviews and the physical maps to identify emotional suffering on the part of the children and adolescents, however, great difficulty in the perception of such state was noticed, which does not receive due attention from parents and teachers. The study also shows the impairment in the educational performance of children and adolescents due to factors mainly related to the culture of exclusion, lack of family encouragement, and the lack of preparation both from school and teachers to work with such population and their reality. Conclusion: There is a need for greater attention to vulnerable social groups through the formulation and implementation of public policies, social development programs and effective actions by the State and civil society.

Keywords: *Child, Adolescent, Social Vulnerability, Mental Health, Education.*

Crianças e adolescentes em vulnerabilidade social: bem-estar, saúde mental e participação em educação

Resumo: Objetivo: Analisar a condição de vida de famílias em vulnerabilidade social e sua potencial relação com bem-estar, saúde mental e a participação escolar das crianças e adolescentes. Método: Pesquisa de método misto que utilizou questionário sociodemográfico, mapas corporais narrados e entrevistas semiestruturadas para a coleta de dados. O estudo se deu em um dos Serviços de Convivência e Fortalecimento de Vínculos da Secretaria Municipal de Assistência Social do município de Ribeirão Preto. Participaram do estudo as crianças e adolescentes que frequentam o serviço, seus professores, familiares e a coordenadora do local da coleta. Para análise estatística da etapa quantitativa foi utilizado o programa IBM SPSS Statistic versão 24.0 e, na etapa qualitativa, foi utilizada a análise de conteúdo. Resultados: Foi possível, através das entrevistas e dos mapas corporais, identificar um sofrimento emocional por parte das crianças e adolescentes, negligenciados pela família, escola e Estado. Observou-se, também, o prejuízo quanto ao desempenho escolar das crianças e adolescentes devido a fatores relacionados à cultura de exclusão, à vulnerabilidade social, à falta de estímulo da família, e o despreparo da escola e dos professores para trabalhar com tal população e sua realidade. Conclusão: Considera-se que há a necessidade de uma maior atenção aos grupos sociais vulneráveis a partir da formulação e implementação de políticas públicas, de programas de desenvolvimento social e ações efetivas do Estado e sociedade civil.

Palavras-chave: *Criança, Adolescente, Vulnerabilidade Social, Saúde Mental, Educação.*

1 Introduction

The structure of inequality present in the country is the main determinant for the high levels of poverty affecting society: injustices in the distribution of income and in the few or nonexistent opportunities of economic and social inclusion. These are iniquitous, unnecessary and avoidable situations, not attributed by natural/biological agents, nor by technological agents that impede their confrontation: in fact, they are inequalities that result from the actions of other human agents, through the relations of economic, political and socio-cultural power. Social inequities are the main factors of social vulnerability in which people and groups are found in certain territories of Brazilian cities (FIORATI; ARCÊNCIO; SOUZA, 2016). In general, it is understood that the process of social vulnerability can be seen from restricted access to material, symbolic and cultural goods by a socially marginalized population, covering a range of possibilities and situations (BARROS et al., 2011).

The understanding of the Social Determinants of Health (DSS) presented by the World Health Organization's DSS Commission (SOLAR; IRWIN, 2010) highlights to social inequities as the determinants of the greatest impact on human health. Based on the theoretical construct of the course of life, people born in socially marginalized groups have historically limited options which mark their entire life process and personal and social development. Early life conditions may be determinant for the evolution of the health-disease process and help to understand the inequalities between human groups for illness throughout life (ARCAYA; ARCAYA; SUBRAMANIAN, 2015). In this way, health and all its development are influenced by events that people are exposed throughout life. Considering that human development is a process that occurs throughout the life, from childhood to old age, potentially adverse life events originating from the social and economic precariousness in which many families live have a direct impact on different domains - physical, cognitive, emotional, and occupational. If such iniquities are not addressed, their detrimental effects will be replicated for future generations (WICKHAM et al., 2016; BORNSTEIN et al., 2012; SOLAR; IRWIN, 2010).

In this sense, for people in situations of social vulnerability, psychic suffering reaches a greater extent, and socioeconomic conditions have a great impact on the quality of life and well-being of people and groups with lower resources. Also, people who survive in these conditions are exposed to a series of potentially adverse life events, having consequences for family and community relationships.

Mental health is determined by social, psychological and biological factors. The socioeconomic pressures constantly experienced are an example of risks to the mental health of individuals and groups, linked to poverty indicators and low school level. Mental health impairments may also be related to unhealthy lifestyles, stressful working conditions, fast social changes, social exclusion, the risk of violence, gender discrimination, and human rights violations: exposure to potentially adverse events over the life.

The Pan American Health Organization/World Health Organization (ORGANIZAÇÃO..., 2016) points out that "[…] an environment that respects and protects basic civil, political, socioeconomic and cultural rights is fundamental to the promotion of mental health". It is not just mental disorders, but broader issues that promote well-being and mental health, involving health, education, labor, justice, transportation, the environment and housing (ORGANIZAÇÃO..., 2016).

The social inclusion of individuals and groups is strongly favored by access and participation in significant daily occupations that meet personal, social and health needs. In this sense, from the concept of occupational justice, it is possible to recognize

> […] the right to occupation, aiming at inclusive participation in daily occupations for all people in society, regardless of age, ability, gender, social class or other differences (NILSSON; TOWNSEND, 2010, p. 58).

According to Whiteford and Hocking (2012), involvement in occupations tends to improve the lives of people in vulnerable situations. However, involvement in occupations is context dependent, influenced and determined by structural factors (politics, economy, income, housing, and culture); by personal factors (age, gender and ethnicity), through social networks (STADNYK; TOWNSEND; WILCOCK, 2010).

Occupational injustice occurs when the participation in occupations is unequal in different groups of society, having groups that benefit unfairly while others are subjected to occupation patterns that are detrimental to health and well-being. In this sense, it is necessary to consider that the occupational injustice and the patterns of occupation that result from it can negatively impact the development of children and adolescents, leading to impoverished social participation and the reduction of life expectancy. On a social and community level, occupational injustice wastes human potential and creates a heavy

burden on health, reducing social cohesion and threatening people's sense of security (HOCKING, 2017; CHRISTIANSEN; TOWNSEND, 2010).

In a context of social vulnerability and occupational injustice, there may be a loss of access and few opportunities to experience fundamental occupations. In this sense, education stands out as a fundamental daily occupation for children and adolescents, allowing access to important material and symbolic resources for a decent standard of living.

The knowledge produced in Occupational Therapy considers the performance in education as fundamental for the development of skills and for the social participation of children and adolescents: the opportunity to participate in this occupation early in childhood allows adding elements to the ethical-political formation for citizenship, is very important for health, well-being and development in childhood and adolescence.

The performance in occupations reflects the achievement and completeness of a given action (activity or occupation) (FISHER; GRISWOLD, 2014; FISHER, 2009; KIELHOFNER, 2008). It depends on the constant exchange between people and groups, the context and the occupations. Understanding performance and participation in occupations involve a complex interaction, which should consider the development of skills for participation in meaningful everyday occupations, the time required to do so, and the specific context (FISHER; GRISWOLD, 2014). Also, performance patterns (habits, routines, roles, and rituals), which may be barriers or facilitators of engaging in occupations (AMERICAN..., 2017) are also part of this complexity.

Some studies discuss the complexity of the involvement and performance in occupations of the individuals that experience conditions of social vulnerability. Situations of deprivation and occupational injustice impede or hinder participation in necessary and desired occupations in childhood and adolescence. Such situations with the limited social support of families experiencing inequality and social injustice, give rise to factors that limit the well-being and dignity of vulnerable people and groups of communities (TOWNSEND; MARVAL, 2013; CARLETO; ALVES; GONTIJO, 2010).

Social vulnerability can be defined through parameters of economic and social insertion and is characterized by precarious insertion in the world of work and access to income through informal means, deprivation of social security and the fragility of social relationships and family, social or community ties, which are configured as sources of support (CASTEL, 2005).

In a context of extreme social inequality, families have found it difficult to perform basic protection and social support tasks for their most fragile and dependent members: social vulnerability, which translates into precarious access to work, income and school level, affects the trajectory of the families, and directly the care with its children and adolescents.

Considering this reality, this study analyzed the living conditions of families in social vulnerability, seeking their potential relationship with the well-being, mental health, and participation in the education of their children and adolescents.

2 Method

This is mixed-method research combining quantitative and qualitative approaches, characterized by the sequential explanatory drawing (CRESWELL, 2010), in which the researcher seeks to elaborate or expand the findings of one method with those of another. In this way, the qualitative stage of the study was carried out from the results produced in the quantitative stage and both aim to answer the research question. In the quantitative stage, data obtained by socio-demographic questionnaire were analyzed, and in the qualitative stage, the data obtained by narrated body maps and interviews were analyzed.

2.1 Place

This research was developed in a Service of Coexistence and Strengthening of Bonds (SCSB), linked to the Department of Basic Social Protection of the Municipal Department of Social Assistance of Ribeirão Preto - SEMAS. The SCSB aims to provide care to children and adolescents from 6 to 17 years and 11 months old, offering complementary socio-educational activities to the school. In Ribeirão Preto, they are located in peripheral areas, and they receive children and adolescents in counter shifts. This research was developed in one of the 14 SEMAS-RP SCSBs, located in the northwestern region of the city, located in a region particularly marked by social inequities, in one of the areas of poverty in the city.

2.2 Participants

A total of 37 families (parents and/or guardians) from 48 children/adolescents attending the SCSB participated in the quantitative stage (socio-demographic

questionnaire). At the qualitative stage, four children/adolescents of the service participated, chosen because they belonged to the three families that presented the greatest social vulnerability, identified from the quantitative stage. Also, the coordinator of the SCSB, three family members and four teachers of the selected children/adolescents were participating in this stage.

2.3 Procedures and instruments

The data collection was done through a questionnaire for socio-demographic characterization, in the quantitative stage, besides narrated body maps and semi-structured interviews, in the qualitative stage.

2.4 Quantitative stage

A socio-demographic questionnaire was applied to the parents/guardians of children and adolescents, seeking information to characterize the situation of social vulnerability. This questionnaire (MESQUITA, 2012) was adapted, according to criteria of the theoretical reference of Robert Castel, and judged by a committee of researchers with recognized expertise in the production and validation of subjective construct instruments. The instrument allows access to family composition data, including education and insertion in the labor market and data on the structure of the community/territory (basic sanitation, educational, health, and social equipment, safety), social support network and social protection system.

Initially, a pilot of the socio-demographic questionnaire was conducted with five families of children and adolescents using the service, indicated by the coordinator. The families were recruited through telephone contact to schedule a face-to-face meeting in the SCSB, according to their availability. The family member who attended was on-site informed about the research and formally invited to participate, through the reading of the Inform Consent Term for his signature. Then, the reading and completion of the Social Demographic Questionnaire were carried out. After the pilot was done without any adaptation/change in the questionnaire, data collection was held with the other family members of the children and adolescents using the service. The statistical analysis of the data produced by the socio-demographic questionnaire allowed the identification of families (and children/adolescents) in greater social vulnerability situations.

For statistical analysis, the data were double-typed in formatted Excel worksheets to verify the consistency of the data. After correcting the inconsistencies, the data were transported to the IBM SPSS Statistics version 24.0 program for descriptive statistical analysis. In this stage, the frequencies and percentages of the answers for each item were extracted, being the basis to generate tables. To analyze social vulnerability, variables were built based on specific questions of the socio-demographic questionnaire, considering work insertion and social support network (CASTEL, 2005).

This stage of analysis led to the identification of 11 variables, three of them related to work (current work situation, personal income and family income) and eight of them related to the social support network (school level, neighborhood structure, neighborhood positives, income, ways of solving problems/difficulties, places/services known and frequented in the neighborhood, use of care programs, support if needed).

This analysis was operationalized from the construct that defines the axes of "integration", "process of vulnerability" and "established social vulnerability". The analysis of the frequency of these variables allowed the identification of families with greater social vulnerability. The sample to be studied in the qualitative stage was composed by the frequency of the result "established social vulnerability".

2.5 Qualitative stage

In this stage, narrated body maps and semi-structured interviews were used. The narrated body maps were developed with the children and adolescents identified in the quantitative stage as belonging to the most vulnerable families, to help them tell their stories and experiences at school, family, and community. The body map resource was used to allow participants to describe the impact of their living conditions on their health and well-being through drawings, paintings, and narratives.

From the selection made in the quantitative stage, the families identified as being in greatest vulnerability (mothers of the selected children and adolescents) were again contacted to participate in a semi-structured interview. In this way, the semi-structured interviews were performed with three mothers, with the coordinator of the SCSB, and with four teachers of the children and adolescents, to deepen, complement and clarify aspects and experiences, responding in a more complete way to the questions and objectives of the study. Teachers of Portuguese or mathematics were approached because they had the greatest quantity of classes and for their more frequent contact with the students.

The interviews were based on a specific script for each participant category (mothers, teachers, and coordinator), recorded in audio and transcribed in full.

Then, the four children/adolescents of the three families identified as being at greatest vulnerability were contacted for body map sessions. After signing the agreement, in a meeting in the SCSB, three sessions of approximately one hour were held with each participant. The body maps were operationalized through an adaptation of the model offered by the study of Gastaldo, Magalhães and Carrasco (2013) and Solomon (2007). An exercise script was constructed for each session, as shown in Table 1.

Content analysis was used as a technique for the analysis of qualitative data, with the work of Laurence Bardin (2011) as a reference.

Table 1. Script of the exercises performed for the construction of the corporal maps during the three meetings.

Exercise – 1ˢᵗ MEETING	Instructions/Guiding questions
General Introduction for the Body Map	The map is about your life, how you feel, your relationship with the family, at school and where you live, with friends and colleagues. Together, we will draw your body and what you live in it. For this, we have different painting and drawing materials, magazine clippings, internet figures, etc. I'm going to stay here to help you, try to concentrate, you can talk, write, and draw what you want. Do you have any questions?
1ˢᵗ Body drawing and face design (15 minutes)	Take off your shoes and coat Choose a posture Draw Face design and other features
2ⁿᵈ Personal feelings and tastes (30 minutes)	Images, pictures, drawings that represent you. How do you usually feel? What makes you happy and what makes you sad? Situations, people and places you like and dislike. What scares you or makes you cry?
3ʳᵈ Perception of life condition (15 minutes)	Images, pictures, drawings that represent your home, your neighborhood, the things you and your family have. Do you enjoy the life you and your family have? Do you live well? Do you like where you live? What is good and what is bad? Is there something missing? Is there something you would like it to be different? Is there something bothering you, is it difficult?
House topic	Think of a sentence or message
Exercise – 2ⁿᵈ MEETING	Instructions/Guiding questions
4ᵗʰ Phrase (5 minutes)	Write the chosen phrase
5ᵗʰ Relationships and feelings - Family (20 minutes)	Images, pictures, drawings that represent their relationship with the family. What do you most and least like? What are the good times and the bad times? What makes you happy and what makes you sad?
6ᵗʰ Relationships and feelings - School and friends (20 minutes)	Images, pictures, drawings that represent your relationship with friends and school. What do you most and least like? What are the good times and the bad times? What makes you happy and what makes you sad?
Exercise – 3ʳᵈ MEETING	Instructions/Guiding questions
7ᵗʰ Support structures (10 minutes)	Images, pictures, drawings that represent support for you. If you have a problem or need some help, who/where do you look for help? Person or place. Who do you talk to, open up? Who else supports you?
8ᵗʰ Decoration/End (5 minutes)	Free.
9º Narrative (15 minutes)	An audio recording of the participant narrating what was on their maps and justifying.

The analysis of data on body maps was based on the following steps: 1) Organization of the material collected from the produced body maps and narratives of children and adolescents selected in the SCSB: the maps were photographed and the narratives transcribed allowing the analysis of both visual and oral narratives. In this step, the narratives were read several times and compared with the images allowing the identification of recurrent themes; 2) Encoding, classification, and categorization of emerging themes in the narratives and graphic representations present on the body maps; 3) Interpretation of the results obtained from the content analysis of narratives and graphic representations.

The same steps were followed to analyze the content of the interviews with the service coordinator, the teachers and the parents/guardians of the children/adolescents.

2.6 Ethical procedures

The research project was approved by the Research Ethics Committee of the Ribeirão Preto Nursing School (CEP-EERP-USP), following the guidelines of resolution 466/2012 under protocol CAAE 53585516.9.0000.5393.

3 Results

The results will be presented according to the logic of their constitution, considering: 1) the quantitative stage – socio-demographic information and the characterization of families in the variables that defined their social vulnerability; and 2) the qualitative stage - thematic categories from narrated body maps and interviews.

3.1 Quantitative stage: characterization of demographic and social vulnerability

The socio-demographic questionnaire showed that the participants were predominantly female (89.2%), aged between 30 and 39 years old (48.6%). Approximately half of the participants (51.4%) have completed high school. Table 2 shows the characterization of the participants according to gender, age, race, relationship with the child/adolescent and school level.

Regarding the current situation in the labor market and income (Table 3), 32.4% of the participants are workers with a formal contract, 37.8% with an individual income of one to two minimum

Table 2. Characterization of participants according to gender, age, race/skin color, marital status, relationship with the child/adolescent and schooling (n=37). Ribeirão Preto - 2016.

	F	%
GENDER		
Female	33	89.2
Male	4	10.8
AGE		
25 to 29 years old	3	8.1
30 to 39 years old	18	48.6
40 to 49 years old	8	21.6
50 or more	5	13.5
Not informed	3	8.1
SKIN COLOR/RACE		
White	18	48.6
Black	8	21.6
Brown	9	24.3
Yellow	2	5.4
MARITAL STATUS		
Married	12	32.4
Single	11	29.7
Stable union	9	24.3
Divorced/Separated	4	10.8
Widow	1	2.7
RELATIONSHIP WITH THE CHILD/ ADOLESCENT		
Mother	29	78.4
Father	4	10.8
Grandmother	1	2.7
Mother and Aunt	1	2.7
Stepmother	1	2.7
Aunt	1	2.7
EDUCATION LEVEL		
Incomplete elementary school	4	10.8
Complete elementary school	2	5.4
Incomplete high school	3	8.1
Complete high school	19	51.4
Full technical education	4	10.8
Incomplete higher education	1	2.7
Complete higher education	4	10.8

wages, and 46.7% work for about eight hours per day. The family income of 37.8% is between one and two minimum wages, with a significant percentage of two to three wages. In women who reported being unemployed, 85.7% relied on the husband's income. For 64.9%, the current income is not enough for family expenses, 35.1% of these participants reported having debts and another 24.3% sought for extra work.

Table 3. Current situation in the labor market and income of those responsible and families of children and adolescents who use the Coexistence and Strengthening Service (n=37). Ribeirão Preto - 2016.

	F	%
CURRENT WORK SITUATION		
A paid employee with a formal contract	12	32.4
A paid employee without a formal contract	3	8.1
Civil servant	4	10.8
Self-employed or freelance	8	18.9
Retired	3	8.1
Unemployed	7	18.9
INDIVIDUAL INCOME* (n=30)		
More than ½ to 1 minimum wage (R$440 to R$880)	10	33.3
From 1 to 2 minimum wages (R$880 to R$1760)	16	53.3
From 2 to 3 minimum wages (R$1760 to R$2640)	3	10.0
From 3 to 5 minimum wages (R$2640 to R$4400)	1	3.3
WORKING HOURS (n=30)		
4 hours per day	2	6.7
6 hours per day	4	13.3
8 hours per day	14	46.7
More than 8 hours per day	8	26.7
Working only once in a while	2	6.7
FAMILY INCOME*		
Up to ½ minimum wage (R$440)	1	2.7
More than ½ to 1 minimum wage (R$440 to R$880)	5	13.5
From 1 to 2 minimum wages (R$880 to R$1760)	14	37.8
From 2 to 3 minimum wages (R$1760 to R$2640)	12	32.4
From 3 to 5 minimum wages (R$2640 to R$4400)	4	10.8
More than 5 minimum wages (R$4400 or more)	1	2.7
SOURCE OF INCOME WHEN UNEMPLOYED (n=7)		
Husband's income	6	85.7
Pension	1	14.3
ENOUGH FAMILY INCOME		
No	24	64.9
Yes	8	21.6
Sometimes	5	13.5
WHEN MONEY IS NOT ENOUGH**		
Debts/credit card/overdraft	13	35.1
Extra job (gig)	9	24.3
Expenses review and cut and pay the most important	6	16.2
Family help request	5	13.5
Going out and recreation abdication	2	5.4
It does not happen/always planning	2	5.4
Money voucher at work (to discount at the payday)	1	2.7
Savings withdraw	1	2.7

*Minimum wage in the amount of R$ 880, in force in 2016, according to Law nº 13.152, decree nº 8.618 of December 29, 2015; **Percentage calculated based on total participants for each variable.

Regarding the home, neighborhood and social protection system conditions (Table 4), more than half of the families have their home (54.1%), 89.2% were housing states. a point stands out The security/policing (43.2%), and "all aspects" (18.9%)are things highlighted to be improved in the neighborhood. Regarding the social support network, in the case of problems or difficulties, 56.7% of respondents sought help from family members, and 27% reported they did not have contact with anyone. The government assistance programs were used by a small portion of the respondents (21.6%).

Table 4. Home, neighborhood and social protection system of children and adolescents who use the Coexistence and Bond Strengthening Service (n=37). Ribeirão Preto - 2016.

	F	%
HOME CONDITION		
Own home	20	54.1
Assigned	7	18.9
Rented	6	16.2
Financed	3	8.1
Not informed	1	2.7
TYPE OF HOUSING		
Housing state	33	89.2
Condominium	1	2.7
"Community"	1	2.7
Mother-in-law's land	1	2.7
Not informed	1	2.7
NEED TO IMPROVE*		
Security/Policing	16	43.2
All aspects	7	18.9
Health Service	6	16.2
Schools	4	10.8
Lighting	3	8.1
Public cleaning	3	8.1
Asphalt	3	8.1
Infrastructure	2	5.4
Lack of leisure for children	2	5.4
Access to public services	1	2.7
Public transportation	1	2.7
Neighborhood	1	2.7
Access to the other districts	1	2.7
Not informed	5	13.5
WHO/WHERE TO GO IN CASE OF PROBLEM/ DIFFICULTY*		
Family	21	56.7
Do not turn to anyone/Try to solve	10	27.0
Friends	4	10.8
Sponsors	3	8.1
Loan	2	5.4
Caregiver for children	2	5.4
In need	1	2.7
Search government and public resources	1	2.7
Extra works (gig)	1	2.7
UBDS	1	2.7
Social assistance	1	2.7
Not informed	1	2.7
USE ANY PROGRAM		
No	28	75.7
Yes	8	21.6
Not informed	1	2.7
What program (n=8)		
Social assistance to families with children in school (*Bolsa Família*)	7	87.5
Continuous benefit (CB)	1	12.5

*Percentage calculated based on total participants for each variable.

3.2 Identification of social vulnerability

According to the 11 variables established to identify the most socially vulnerable families, the following situations emerged:

1) current work situation: unemployment cases and paid employees with a formal contract; 2) personal income: in paid employees cases, income between half and a minimum wage (R$ 440-880); 3) family income: between half and a minimum wage (R$ 440-880), or income of up to half a minimum wage (R$ 440), 4) school level: from incomplete elementary school to high school; 5) structure of the neighborhood: they have health service and schools, but do not have places of leisure and culture; 6) positive aspects of the neighborhood: cases that report there are no positive points and others said there is only one aspect, such as school; 7) sufficiency of income: in none of the cases the income is reported as sufficient; 8) ways of solving problems/difficulties: there are cases in which there is no one to help and others who ask to some member of the family; 9) places/services known and frequented in the neighborhood: health services and schools were mentioned; 10) use of care program: they report receiving the benefit of *Bolsa Família*, in the case of those who are not receiving it, it is a matter related to updating documentation; and 11) support in cases of need, in some cases they do not have, when they have, they report family support.

In addition to the situations identified from the variables based on Castel (2005) proposal, there are large families (four to eight members) with per capita income that places them at the limits of miserability. Also, they are single-parent families, headed by women.

As a result of the 11 variables created, the families of the 4 respondents who presented with 8 to 9 answers that fit the "social vulnerability" situation were considered to be more socially vulnerable, while the others had 4 to 7 answers within the "established social vulnerability".

3.3 Qualitative stage

3.3.1 Categories of subjects: narrated body maps

From the results obtained in the sessions of the body maps (three sessions for each participant - Figure 1: Body maps produced by the children/adolescents participating in the qualitative stage) content of the narratives and an analysis of the images were done, procedures that led to identify three thematic categories: *(1) Limited perception on the school role; (2) Insertion into networks as social support; (3) Structural and access issues.* Names of precious stones were given to each participant in the sections presented to preserve their identity.

3.3.2 Limited perception on the school role

In the perception of children and adolescents, the school is seen as a place of coexistence, manifestation of affective bonds, community bonds, and social relationships. In the narratives, the references to the school are "a place to meet friends". Thus, in the imagery content of the body maps, groups of adolescents and young people reunited are represented. The school is not perceived as a place of professional training, social development or the possibility of educational and personal growth, and the expansion of opportunities.

> *What I like about the school is/I like to go to play in physical education, play with my friends, is: walk with them at the break and eat too, right?* (CRISTAL).

### 3.3.3 Insertion into networks as social support

Through the participants' narrative, it is possible to identify the importance attributed to social networks in which they are inserted: nuclear family (mother, father, siblings), extended family (grandparents, aunts, uncles, cousins), community network (school friends) and community organizations. The family appears in the speeches as the main network of support, being in general, the mothers, fathers, grandparents, and siblings the people with whom most talk, open up and seek support when necessary.

> *Here, there is my grandmother and my father who always support me in everything* (ÔNIX).

> *I put who supports me, my mother, my father, my grandmother, my two aunts. They all help me when I need it* (JADE).

3.3.4 Structural and access issues

The narratives of children and adolescents reported the absence of cultural and leisure options in their community, with the manifestation of the desire that there be suitable places near their homes to use with friends, such as squares, soccer fields, among others.
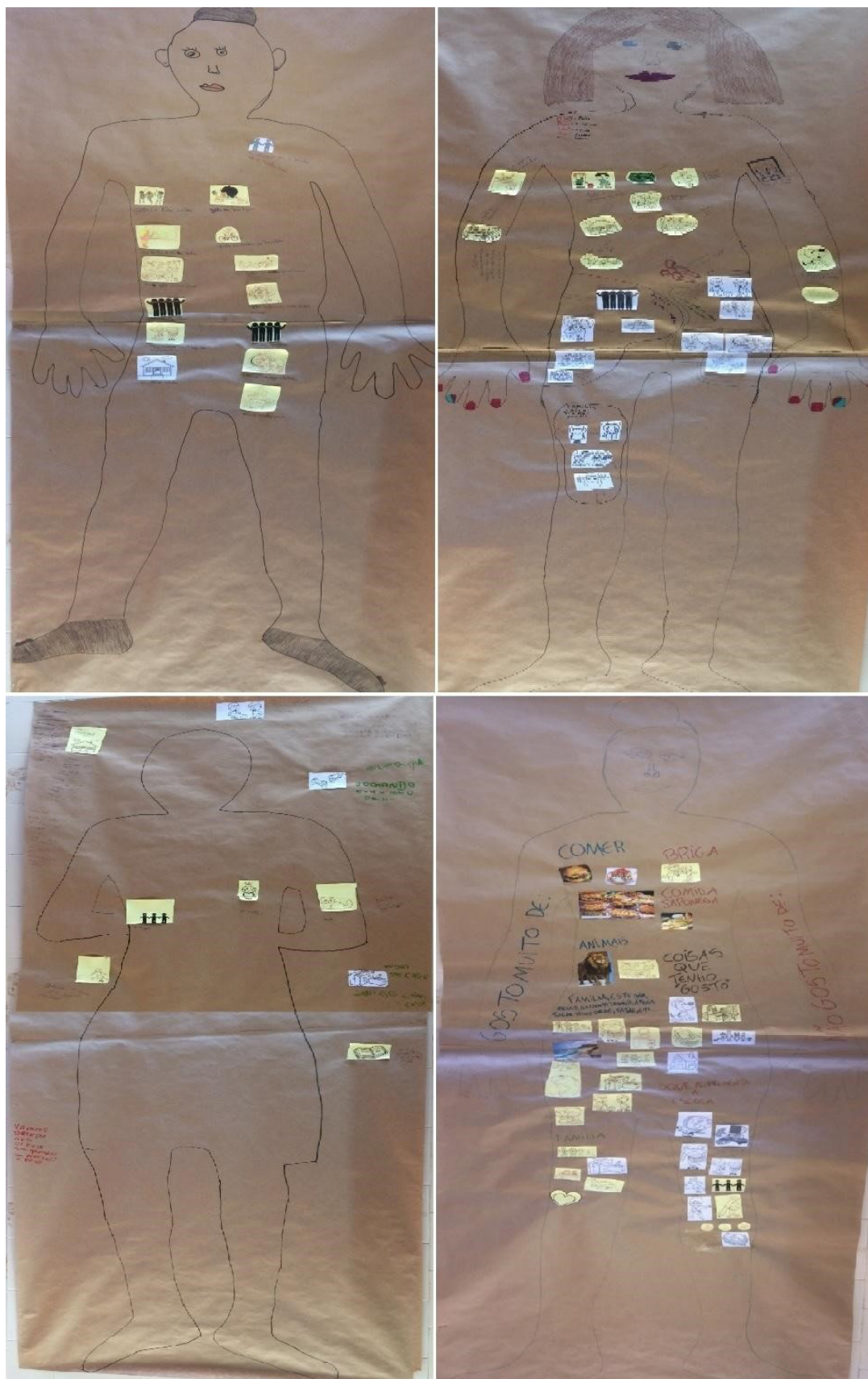
Figure 1. Body maps produced by the children/adolescents participating in the qualitative stage.

I wanted to have a square near my house, with a field and a basketball court (JADE).

[...] *I wanted in my street did not have much use of drugs. And a room to play* (ONIX).

3.3.5 Thematic categories: interviews with mothers, teachers and SCBS coordinator

From the results obtained through the interviews conducted with the heads of the children and adolescents, teachers and coordinator of the SCSB, a content analysis of the transcripts were performed and eight thematic categories were revealed.

3.3.6 School not seen as a priority

The speeches that emerge from the interview with the mothers showed certain negligence towards the school: without conditions to study in their childhood/adolescence, the mothers do not recognize the importance of the school. Thus, school is perceived as a secondary activity than work and income activities: the school appears in the speeches of the mothers as a place for children and adolescents to remain while there is no work. The recognition of the school as the place of transformation, preparation for life and citizenship or even training for the exercise of a profession is not perceived.

I studied until the fifth grade because then I had to stop to go to work... there are two [son] *there studying in the morning, he* [pointed] *study at night, the others did not want to continue* (RUBI, MOM).

[...] *that the father and mother are not present at school, they do not participate in the school life of the child, if you call him, the father does not com...* (OPALA, TEACHER).

I see that in their case, they do not give so much importance to the studies, it is important the study, but in their house, they do not have that focus... the mother, she cannot read or write, then she already has a difficulty (COORDINATOR).

3.3.7 It is the child/adolescent and/or the family fault

Mothers´ speeches associate their children's school failure with problems or personal limitations of their children/adolescents, blaming them for insufficient school performance. In the same direction, teachers blame families for the school failure of their children, and as mothers, they also do not recognize social determinants and iniquities.

Look, that's why I do not think so, because of our financial relationship. But I'm having trouble with her talk, you know? But it is shameless of her, it is not because of this [...] (GALENA, MOTHER).

I think that I would not say because of financial condition, which it has nothing to do with it, but part of the knowledge of the parents themselves, they had to demand more of them, because if they have more difficulty they have to commit more... The problem is the return of parents (TOPÁZIO, TEACHER).

3.3.8 Violent education

The forms of sociability that emerged from the reports show that the way of educating children brings clear expressions of violence. Mothers beat to discipline/correct, which is a form of common sociability, naturalized and historically accepted by much of our society. It is noticed that mothers transmit to their children the idea of violence as necessary and justified, reproducing a culture of subalternity through discourses that children know is for their good.

[...] *she is very strong, you know? Because she does not cry, it's hard for my daughter to cry, it's hard. Even when I fight, aff, fight with her, she does not cry at all, she listens quietly, she does not speak an 'A'. She respects me a lot* [...] *she's afraid of the reaction I'm going to have because I'm going, to be honest with you, I'm very nervous, I'm very angry, I'm really... Sometimes I really beat her, I regret, you know, but she knows it's for her good* (GALENA, MOTHER).

[...] *she was a totally apathetic child, she did nothing, she did not study... the older sister said that her mother beat a lot...* (OPALA, TEACHER).

3.3.9 Gender inequities and triple workload of women

The speeches showed the greater responsibility attributed to the woman, who assumes the role of provider, and, for that, she spends most of the time away from home, yet she must also be attentive to the care of her children. In their speeches, a macho model prevalent in a family relationship is clear, in which man is omitted from domestic work and childcare. There is an accumulation of stress that tends to reflect on children and adolescents and

such situation is aggravated in cases in which men, in addition to not collaborating with the financial issue, appear to be more of a concern due to the use of alcohol and other drugs, for example.

> [...] *because I take care of them alone, so my husband does not help me, he has no obligation. He has an obligation to put things into the house, right? [...] Sometimes I already have problems, they come, then they say to me like this: "Mom, give me this", but they have already dined, "I'm hungry", then it is where there is stress. Then I scream* [...] (SAFIRA, MOTHER).

> *You see that the mother is trying to do everything, but the father is against it* [...] *and thus the mother who has to leave the house to work, that is why I tell you about neglect, that sometimes you stay between the cross and the sword, or you go out to give support and food or you stay to take care, it's difficult* (COORDINATOR).

3.3.10 Social vulnerability and precariousness in labor relationships

The speeches of mothers reinforce the precariousness of their work and income reported by the families: unemployment, underemployment, and informality. Discursive references reinforce the insufficiency of income and the difficulty in meeting the children's needs (clothing, footwear, school supplies).

> *Ah, I'm unemployed, right, so the financial situation is bad, the situation is critical. I'm unemployed two years registered* [...] *I only do weekend gigs, I work in a buffet during the weekend, which is the money I have in the week with them* [...] *she gets upset when she asks for something I cannot give* [...] (GALENA, MOTHER).

> [...] *the financial question is also very difficult, I remember that the youngest had never cut her hair in ten years* [...] *sometimes it is not that the family does not want to, it is because she does not have, not* [...] *sometimes does not have clothes, we make a bazaar, which has no conditions, right?* (COORDINATOR).

3.3.11 Frailties and ruptures in the family insertion

From the speeches, it is possible to observe family issues that directly impact the children and adolescents, starting with the suffering of ruptures in

family ties or fragile bonds. The speeches also include cases of a mother already involved in drugs, and a father in a situation of imprisonment, evidencing such frailties and ruptures. According to teachers' statements, the perception, and behavior of children and adolescents change negatively or positively according to family ties, sometimes more fragile and troubled, sometimes stronger.

> [...] *because of her father who is in prison. Because she does not want to go visit him too, she does not want to go, no way... And I went the wrong way, I went the wrong way, I was a drug user, she knows everything I've been through* (GALENA, MOTHER).

> [...] *she came to me in her third year, she had repeated. It was very little participatory, from a year and a half to here I see no problem* [...] *she has evolved quite a lot as a student... it was never a problem, the sister who spoke, I do not know if it was in the separation of parents, then... today they go to the father's house for the weekend, the mother seems to have married again, maybe it was at this stage of the separation that she had problems* (OPALA, TEACHER).

> [...] *she has been here with us for a long time so at the beginning she suffered a lot because her father was not with her, she did not know, her father was in prison... she suffered a lot with this absence of the father* [...] (COORDINATOR).

3.3.12 Social vulnerability and suffering

It deals with the lack of mothers' perception of the suffering shown by their children. Although teachers can see the difficulty of students in exposing their problems and asking for help, even though they know that inappropriate behavior is their way of communicating their suffering, they do not take care and attention. Thus, the teachers' unpreparedness in detecting the suffering related to the condition of social vulnerability and its impact on performance emerges. Numerous signs of suffering from children and adolescents emerged in the interview with the coordinator such as cases of difficulty in dealing with everyday situations, with figures of authority or difficulty of coexistence in a group. There are also reported situations in which children and adolescents are very quiet and do not expose the situations experienced at home, although the signs that something is not well are clear.

[...] *she does not like to speak, so if she's feeling something she will not tell us. When I see that she has something to do with her is when she starts to pee in bed* [...] *there is the issue of her father being arrested, my mother thought she was affected. Only her father has been imprisoned since she was two years old... My mother lives by telling me to pass her to the psychologist, but I never paid attention, I do not think she has no need* (GALENA, MOTHER).

She had crises in those moments where she goes through this aggressive period, she goes through quiet and aggressive periods, but I was only bothered when she gets aggressive, because then she messes up the room and herself... the behavior stays so the note falls a lot, because there/there it seems that she does not think straight, it seems she does not want to do a lesson, and it is not only the home, the classroom as well and the way she responds to what she is passing is this aggressiveness, and it disturbs (ESMERALDA, TEACHER).

[...] *but it was the first time they talked to me, they never complained about him* [stepfather], *ever. No matter how we talked, tried, they were already smart, you know? They already knew that they could not talk, I do not know if they were oriented, it was on that day that I talked to them that they said: "Yeah, but it does not matter, that's the way it was..." tired, tired of it, of this situation... he always/ it seemed that he imploded, you know, always kept for him. I see that he is a potential boy to explode* (COORDINATOR).

3.3.13 Strategies for care and professional help

At school, although there are deficits in the performance of these children and adolescents, there are no strategies to face this reality. There is a certain feeling of impotence by the teachers since they report on policies and recommendations coming from the Government and that they are not capable of being adapted to the reality found, as well as awareness of their own lack of preparation and difficulty in dealing with situations of vulnerability. Dealing with the social vulnerability of these students and relating their wicked life to their behavior and performance in school has given teachers another look.

The coordinator's speech reveals the difficulty in designing care strategies for children and adolescents, and for their families, either because of the difficulty of joining or because of the lack of trained professionals linked to the service.

[...] *It had to be a specific reinforcement... the school offers* [reinforcement], *but the order that comes here is to teach some things that are already coming up from the Federal Government, right? The lesson plan, everything... we do not have the autonomy to do what we want... it does not meet* [students' needs], *for the moment* (TOPAZ, TEACHER).

It surprises me to know that she [...] [excited] *... it surprises me that you have taken these cases because this is good for us to realize that the children are stronger than you imagine... This is the side that we should know more, to be able to help them more, because they are doing it on their own, not because we are helping, do you understand?* (EMERALDA, TEACHER).

The psychologist is the CRAS reference professional, she was doing [attendance] *in a group with the children, she did with her parents, but that way, we have a lot of resistance because the parents are coming to any care, so we to call them when we need it, because we try harder, we do not have much support* (COORDINATOR).

4 Discussion

The results obtained in the socio-demographic information allow identifying situations of social vulnerability associated with the social inequities in which families are found. Mention should be made of the lack of access to work and income, factors that will directly interfere in many other spheres of life, hindering or impeding access to health services, transportation, housing, culture, leisure, among other determinants necessary for material and symbolic reproduction of human life. Also, among those responsible for children and adolescents, paid workers with a work contract and civil servants totaled 43.2%; paid workers without a work contract, self-employed and autonomous workers were 27%, while 18.9% of respondents reported being unemployed. In this way, the number of employees without a formal contract, self-employed and autonomous is higher than those who are in formal working conditions, that is, among the participants who report working or have some income-generating activity, they were inserted in the informal market and without of social security. These activities are temporary jobs, with precarious employment links, low wages, generating a sense of insecurity, as reported by the participants. This is a growing social process, coming from the neoliberal

orientation that currently prevails in the country's political-economic orientation, which favors economic growth of income concentration and is not responsible for social policies (NAVARRO; PADILHA, 2007).

Contemporary forms of subcontracting are at the heart of a broader process of flexibility of social and labor institutions that produce vulnerability, insecurity, poverty, and it is urgent and necessary to create conditions of stability and quality in the labor market for men and women (COSTA, 2017; DRUCK, 2011; FRANCO; DRUCK, 2009).

Another factor of iniquity that socially undermines the families studied is the low value of wages, as well as the low income per capita. Among the participants employed or retired, 53.3% declared individual income between one and two minimum wages (R$ 880 to R$ 1760), 33.3% individual income is half to a minimum wage (R$ 440 to R$ 880). Even for participants who reported income between two and three minimum wages, it is necessary to consider that there are big families.

Despite a high daily workload in often precarious conditions, family income is low and unable to meet the basic needs of its members. Government assistance programs are also an alternative for families: 21.6% of respondents benefit from some program, with most of them receiving the benefit of the family grant program (87.5%) and reporting using the money mainly for food (62.5%). These results point to a scenario of a continuous increase in unemployment, falling incomes, the precariousness of labor and growth of informality, leading workers and their families to the drama of unemployment, with a plot of discouragement, suffering, struggle, and despair (LUCIO, 2015).

These situations from the precariousness of work, decrease in family income and extensive daily hours, appear in the participants' speeches (category 5): insufficient income does not allow families to guarantee their children items such as school materials, clothing, and footwear. The speeches also reveal the difficulty in reconciling the long working day with occupations such as caring for the home and children, and the overload of this triple journey for women (category 4). Considering that 89.2% of respondents of the socio-demographic questionnaire are females (mothers of children and adolescents), women have delegated the care of their children and the

home, as well as the role of family provider. In this sense, data from the IBGE (INSTITUTO..., 2012), compiled by the Secretariat for Policies for Women revealed that the female domestic journey is more than double than male´s; and for the total workday, women work an average of 4 hours more than men in a week. According to data from the IBGE (INSTITUTO..., 2013), 88% of Brazilian women accumulate domestic tasks and paid work, and in it almost half this percentage (46%).

Based on the theoretical framework of Castel (2000), the results also showed that the vulnerabilities are not the only axis of work and socioeconomic factors. The importance of insertion in various social support networks is quite present in the body maps and interviews, as well as the harm brought by the frailties and ruptures of these networks. Body maps reveal that children and adolescents rely on networks, especially in the family network for safety. For their parents/guardians, the family and/or kinship network (62.1%) appears as the main support in times of need, with financial support (37.8%) and emotional support (29.7%) as the most cited. The family, identified as the main support network for children and adolescents, frailties or rupture of bonds, impinging on them suffering.

The body maps reveal that the school is not perceived by children and adolescents as a place of education, but a space of coexistence, social relationships, and maintenance of bonds: when the family and community bonds are weakened, the services are the place of social support. The SCSB, as well as the school, are a refuge, an opportunity for these children to distance from the reality in which they live.

If the reality of social vulnerability and affective and material deprivation affects the mental health and well-being of children and adolescents, it does not appear in the speeches of the responsible adults (mothers, teachers, SCSB educators). As well as Category 2, behaviors that can be indicators of children's mental suffering (shyness and poor social interaction, agitation and aggression, poor school performance) are seen by adults as undesirable and punishable, that is "it is the fault of the kid". Both in the family or at the school, the understanding that such behaviors express states or feelings of the children, determined social suffering, by their conditions of life are not established. In this context of non-recognition of the real needs of the

child/adolescent, no attention is given to them on a personal or social level: no public policies aimed at coping with social determinants that cause emotional suffering and affect the mental health of children and adolescents.

The main issue of this study is not the identification of specific forms of mental illness, nor is it intended here to psychiatry poverty. However, it was sought to highlight the possible impacts of social inequities on the welfare of socially vulnerable children and adolescents.

The results allowed perceiving a kind of invisible, fluid and unspeakable suffering that children and adolescents do not verbalize and those responsible and teachers do not perceive. This reality is close to a concept that anthropology has used to explain some phenomena found in contemporary society, defined as social suffering. Social suffering is a type of suffering that hides in areas of social precariousness, there is the loss of symbolic goods and social objects such as health, work, desires, dreams, social bonds. All life is threatened, composed of concrete and subjective, which allows one to live. It results from violence committed by the social structure and not by an individual or group that is part of it: the concept is the harmful effects of the unequal relations of power that characterize social organization (WERLANG; MENDES, 2013; PUSSETTI; BRAZZABENI, 2011; VICTORA, 2011).

The iniquities lived by these families have already affected them for generations and become naturalized, altering their perceptions of their own condition. The dominant ideology, which naturalizes inequality, leads to the internalization by these people of the perception that they are in this situation for lack of competence and personal effort. This is the prevailing discourse in health and social services and in society in general: the naturalization of poverty hides the extremely unequal social structure, which excludes large numbers of people and groups, placing them in the position of sub-humanity (LOPES et al., 2008).

Also, suffering experiences are also naturalized and, as a consequence, they are neglected. Thus, social suffering results from the limitation of the subjects' ability to act (PUSSETTI; BRAZZABENI, 2011). Living spaces have become precarious spaces, where many losses materialize: health, work, social status, the importance of the family nucleus, family and social bonds, affective bonds, losses that lead

to fractures in social cohesion (WERLANG; MENDES, 2013).

The social determinants that have an impact on the health of people and populations are classified as structural and intermediate. In this sense, structural determinants show how socioeconomic stratifications produce a differentiated exposure to risk factors and disparities in access to material resources necessary for satisfactory conditions of health and quality of life, while the intermediate determinants refer to environmental conditions, work, security, housing, transportation, leisure, culture, ethnicity, gender, psychosocial factors, and immaterial resources. Linking the structural and intermediary determinants is social capital, the presence in the community of ties of solidarity and social support (SOLAR; IRWIN, 2010). Thus, it is possible to understand the expressions of psychosocial suffering identified in this study as socially determined, either by structural or intermediate factors. Regarding the structural determinants, the socioeconomic stratification that inserts these people into the poorer strata of urban territories is highlighted, with immense inequities. In addition to poverty, social stratification places these groups in a subordinate position, subjecting them to processes of stigmatization, humiliation, discrimination, and prejudice. Regarding the intermediate determinants, the psychosocial stress experienced in these territories from insecurity and fear of violence is highlighted: social suffering is present in the speeches of children, adolescents, and teachers. The suffering of mothers expressed by the concern to see their history of iniquities repeated in the future of their sons and daughters are also important.

In the different thematic categories from the interviews with the adults related to the children and adolescents, it was possible to find indications of unsatisfactory performance in the education-occupation. The daily reality lived by these families, involving vulnerability and social suffering affects the acquisition and development of skills necessary for participation in this occupation so important for this age group.

The limited or impeded access to goods and services that favor the participation in occupations that allow the development of abilities puts them at a disadvantage. This situation is repeated historically in the families studied, who need to privilege the activities of immediate income generation for the investment in school education

in the future. In this context, the school is not seen as a place of formation and of the possible transformation and breaking of this cycle. It is important to understand that many of the adults who surround these children were also children who presented difficulties in school, lack of access or the need to work from an early age, because they are victims of a society with few opportunities (CARRARA, 2016; RAOPORT; SILVA, 2013; SILVA, 2011).

Faced with this cycle constantly repeated, the school and its actors do not recognize the impact of social vulnerability on the school performance of these children and adolescents. By denying the role of social determinants in the school and social performance of these individuals, the school is not prepared to accept and intervene in this reality. In the absence of a critical social view of the living conditions and the existence of these children, the school blames their families for the school failure of their children. The process of blame of the families hinders a critical reflection that historically and culturally contextualizes a social structure that promotes immense inequalities, and the scarce resources that mark the social reality of these populations (ALVES; MIOTO, 2015; GONTIJO; MARQUES; ALVES, 2012; MACHADO, 2012; CARVALHO; ALMEIDA, 2003).

The blame of the family by school professionals is associated with internalization and reproduction by the parents of the individualizing and meritocratic speech, which attributes to the child the responsibility for his low school performance. Thus, when asked to explain school performance problems of their children, the parents associate inappropriate behaviors and deficits in school performance with an individual child and adolescent problem, lack of discipline or incompetence. Besides the responsibility of children, violence emerges as a form of discipline and correction. Violence as an education strategy is naturally accepted in these situations, but before contributing to the solution, it increases the suffering of these children and adolescents, who end up accepting the label of incompetent and responsible for their own failure. Thus, violence becomes accepted as a good strategy of education, used with good intentions by parents for their children. The results allowed reflecting that Brazilian social problems, which underlie and sustain social vulnerability, play a central role in the determination of suffering, affect the health and well-being of the population studied, interfering negatively in the performance of various

occupations, including education. Unsatisfactory school performance is often identified in vulnerable areas in urban areas in Brazil and, of course, this is not the responsibility of schoolchildren.

5 Final Considerations

The approach to children and adolescents in situations of social vulnerability, their families, teachers, and educators showed possible emotional suffering, present in families and due to their precarious living and working conditions. In this sense, the insertion of these families in the axes of work and social support networks has been weakened. There was a clear difficulty in recognizing this state of suffering and, as a result, the impossibility of acting to minimize the effects of this situation, be it in the family or in school.

Regarding the performance of children in the education occupation, it was clear that despite the access and attendance at school, it is not recognized as a space for transformation, human formation, ethics, and social inclusion. Moreover, there is no recognition of the family about the importance of school education for the integral formation of their children and the encouragement of the family for education is extremely fragile. In a complementary perspective, the school does not offer a stimulating learning environment, since teachers do not seem prepared to deal with the suffering and difficulties of these children and adolescents, nor to create a more stimulating and welcoming environment.

From the perspective of different subjects, this study aimed to discuss the living conditions of children/adolescents and their families, the main vulnerability factors and the reflection of social inequities in their well-being, mental health, and school performance. In this sense, it was sought to offer contributions to the discussion about the cruel social inequality present in our society, which is not limited to economic issues, but also education and public health, highlighting the need to pay more attention to the social determinants of health, inequities, social vulnerability and their impact on development, and children and adolescents. Based on this knowledge, the objective was to offer a basis for a greater reflection and search for new intervention proposals that consider individuals belonging to socially vulnerable groups from a broader perspective.

The search for ways of confrontation starts with the recognition of social inequalities and the understanding of the processes that produce them. Thus, it is expected to contribute with the ways

of thinking the actuation and the production of knowledge in occupational therapy and in the fields of public health, education and social assistance, as well as to encourage a greater commitment by the professionals in the formulation and implementation of public policies, programs and actions of social development and coping with risks directed at socially vulnerable groups. In this sense, it is up to the State to be effective in its actions, to instrumentalize and train its professionals to act in these work with technical and political capacity, critical analyzes that overcome the current conception based on the blame of families and children and adolescents for the difficulties faced.

References

ALVES, F. L.; MIOTO, R. C. T. O familismo nos serviços de saúde: expressões em trajetórias assistenciais. *Argumentum*, Vitória, v. 7, n. 2, p. 208-220, 2015. http://dx.doi.org/10.18315/argumentum.v7i2.9038.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION – AOTA. Occupational therapy practice framework: domain and process. *The American Journal of Occupational Therapy*, Bethesda, v. 68, p. S1-S48, 2017. Suplemento 1. http://dx.doi.org/10.5014/ajot.2014.682006.

ARCAYA, M. C.; ARCAYA, A. L.; SUBRAMANIAN, S. V. Inequalities in health: definitions, concepts and theories. *Global Health Action*, Boston, v. 8, p. 27106, 2015. PMid:26112142.

BARDIN, L. *Análise de conteúdo*. Lisboa: Edições 70, 2011.

BARROS, D. D. et al. Brazilian experiences in social occupational therapy. In: KRONENBERG, F.; POLLARD, N.; SAKELLARIOU, D. (Org.). *Occupational therapies without borders*: towards an ecology of occupation-based practices. Churchill Livingstone: Elsevier, 2011. p. 209-216.

BORNSTEIN, M. H. et al. *Infancy and parenting in 11 cultures*: Argentina, Belgium, Brazil, Cameroon, France, Israel, Italy, Japan, Kenya, South Korea, and the United States. Rockville: National Institute of Child Health and Human Development, 2012.

CARLETO, D. G. S.; ALVES, H. C.; GONTIJO, D. T. Promoção de saúde, desempenho ocupacional e vulnerabilidade social: subsídios para a intervenção da terapia ocupacional com adolescentes acolhidas institucionalmente. *Revista de Terapia Ocupacional da Universidade de São Paulo*, São Paulo, v. 21, n. 1, p. 89-97, 2010. http://dx.doi.org/10.11606/issn.2238-6149.v21i1p89-97.

CARRARA, M. L. *Dificuldade de aprendizagem e vulnerabilidade social sob a percepção da comunidade escolar.*

Florianópolis: Universidade do Sul de Santa Catarina, 2016. Disponível em: <http://www.uniedu.sed.sc.gov.br/wp-content/uploads/2017/02/Artigo-Mariane.pdf>. Acesso em: 1 out. 2018.

CARVALHO, I. M. M.; ALMEIDA, P. H. Família e proteção social. *São Paulo em Perspectiva*, São Paulo, v. 17, n. 2, p. 109-122, 2003. http://dx.doi.org/10.1590/S0102-88392003000200012.

CASTEL, R. As armadilhas da exclusão. In: BELFIORE-WANDERLEY, M.; BÓGUS, L.; YAZBEK, M. C. (Org.). *Desigualdade e a questão social*. São Paulo: Educ, 2000. p. 17-50.

CASTEL, R. *As metamorfoses da questão social*: uma crônica do salário. Petrópolis: Vozes, 2005.

CHRISTIANSEN, C. H.; TOWNSEND, E. A. (Org.). *Introduction to occupation*: the art and science of living. Upper Saddle River: Pearson Education, 2010.

COSTA, M. S. Terceirização no Brasil: velhos dilemas e a necessidade de uma ordem mais includente. *Cadernos EBAPE.BR*, Rio de Janeiro, v. 15, n. 1, p. 115-131, 2017. http://dx.doi.org/10.1590/1679-395137235.

CRESWELL, J. W. *Projeto de pesquisa*: métodos qualitativo, quantitativo e misto. Porto Alegre: Artmed, 2010.

DRUCK, G. Trabalho, precarização e resistências: novos e velhos desafios? *Caderno CRH*, Salvador, v. 24, n. 1, p. 37-57, 2011. http://dx.doi.org/10.1590/S0103-49792011000400004.

FIORATI, R. C.; ARCÊNCIO, R. A.; SOUZA, L. B. As iniquidades sociais e o acesso à saúde: desafios para a sociedade, desafios para a enfermagem. *Revista Latino-Americana de Enfermagem*, Ribeirão Preto, v. 24, p. e2687, 2016. PMid:27143540.

FISHER, A. G. *Occupational therapy intervention process model*: a model for planning and implementing top-down, client centered, and occupation-based interventions. Fort Collins: Three Star Press, 2009.

FISHER, A. G.; GRISWOLD, L. A. Performance skills: Implementing performance analyses to evaluate quality of occupational performance. In: SCHELL, B. A. B.; GILLEN, G.; SCAFFA, M. (Org.). *Willard and Spackman's occupational therapy*. Philadelphia: Lippincott Williams & Wilkins, 2014. p. 249-264.

FRANCO, T.; DRUCK, G. O trabalho contemporâneo no Brasil: terceirização e precarização. In: SEMINÁRIO FUNDACENTRO, 2009, Salvador. *Anais...* Salvador: FUNDACENTRO, 2009.

GASTALDO, D.; MAGALHÃES, L.; CARRASCO, C. Mapas corporais narrados: um método para documentar saúde, resiliência, adoecimento e sofrimento. In: FRAGA, A. B.; CARVALHO, Y. M.; GOMES, I. M. (Org.). *As práticas corporais no campo da saúde*. São Paulo: Hucitec, 2013. p. 83-100.

GONTIJO, D. T.; MARQUES, E.; ALVES, H. C. "Hoje na escola a gente está falando em vulnerabilidade": contribuições da terapia ocupacional no processo de formação continuada de professores. *Cadernos de Terapia Ocupacional da UFSCar*, São Carlos, v. 20, n. 2, p. 255-266, 2012. http://dx.doi.org/10.4322/cto.2012.026.

HOCKING, C. Occupational justice as social justice: the moral claim for inclusion. *Journal of Occupational Science*, London, v. 24, n. 1, p. 29-42, 2017.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. *Mulher no mercado de trabalho*: perguntas e respostas. Pesquisa Mensal de Emprego (PME): boletim de março de 2012. Pesquisa Nacional por Amostra de Domicílios (PNAD). Rio de Janeiro, 2012. Disponível em: <https://ww2.ibge.gov.br/home/estatistica/indicadores/trabalhoerendimento/pme_nova/Mulher_Mercado_Trabalho_Perg_Resp_2012.pdf>. Acesso em: 1 out. 2018.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. *Pesquisa nacional por amostra de domicílios*: síntese de indicadores 2013. Rio de Janeiro, 2013. Disponível em: <https://biblioteca.ibge.gov.br/visualizacao/livros/liv94414.pdf>. Acesso em: 1 out. 2018.

KIELHOFNER, G. *The model of human occupation*: theory and application. Philadelphia: Lippincott Williams & Wilkins, 2008.

LOPES, R. E. et al. Juventude pobre, violência e cidadania. *Saúde e Sociedade*, São Paulo, v. 17, n. 3, p. 63-76, 2008. http://dx.doi.org/10.1590/S0104-12902008000300008.

LUCIO, C. G. Desafios para o crescimento e o emprego. *Estudos Avançados*, São Paulo, v. 29, n. 85, p. 21-33, 2015. http://dx.doi.org/10.1590/S0103-40142015008500003.

MACHADO, A. S. S. A família, instrumento de proteção social: redescoberta e culpabilização. In: SIMPÓSIO MINEIRO DE ASSISTENTE SOCIAL, 2012, Belo Horizonte. *Anais...* Belo Horizonte: CRESS-MG, 2012. Disponível em: <http://www.cress-mg.org.br/arquivos/simposio/A%20FAM%C3%8DLIA,%20INSTRUMENTO%20DE%20PROTE%C3%87%C3%83O%20SOCIAL%20REDESCOBERTA%20E%20CULPABILIZA%C3%87%C3%83O.pdf>. Acesso em: 1 out. 2018.

MESQUITA, A. A. *Proteção social na alta vulnerabilidade*: o caso das famílias monoparentais femininas. 2012. 219 f. Tese (Doutorado em Políticas Públicas, Desenvolvimento e Estratégia) – Universidade Federal do Rio de Janeiro, Rio de Janeiro, 2012. Disponível em: <http://www.ie.ufrj.br/images/pos-graducao/pped/dissertacoes_e_teses/Adriana_de_Andrade_Mesquita.pdf>. Acesso em: 1 out. 2018.

NAVARRO, V.; PADILHA, V. Dilemas do trabalho no capitalismo contemporâneo. *Psicologia e Sociedade*, Porto Alegre, v. 19, p. 14-20, 2007. Número Especial. http://dx.doi.org/10.1590/S0102-71822007000400004.

NILSSON, I.; TOWNSEND, E. Occupational justice: bridging theory and practice. *Scandinavian Journal of Occupational Therapy*, London, v. 17, n. 1, p. 57-63, 2010. http://dx.doi.org/10.3109/11038120903287182.

ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE – OPAS. Organização Mundial da Saúde – OMS. *OPAS/OMS apoia governos no objetivo de fortalecer e promover a saúde mental da população*. Brasília, 2016. Disponível em: <https://www.paho.org/bra/index.php?option=com_content&view=article&id=5263:opas-oms-apoia-governos-no-objetivo-de-fortalecer-e-promover-a-saude-mental-da-populacao&Itemid=839>. Acesso em: 1 out. 2018.

PUSSETTI, C.; BRAZZABENI, M. Social suffering: languages of exclusion and welfare policies. *Etnográfica*, Lisboa, v. 15, n. 3, p. 467-478, 2011.

RAOPORT, S.; SILVA, S. B. Desempenho escolar de crianças em situação de vulnerabilidade social. *Revista Educação em Rede*, Colina, v. 2, n. 2, p. 1-26, 2013. Disponível em: <http://ojs.cesuca.edu.br/index.php/educacaoemrede/article/view/410>. Acesso em: 1 out. 2018.

SILVA, C. R. *Percursos juvenis e trajetórias escolares*: vidas que se tecem nas periferias das cidades. 2011. 330 f. Tese (Doutorado em Ciências Humanas) – Universidade Federal de São Carlos, São Carlos, 2011. Disponível em: <https://repositorio.ufscar.br/bitstream/handle/ufscar/2268/4064.pdf?sequence=1&isAllowed=y>. Acesso em: 1 out. 2018.

SOLAR, O.; IRWIN, A. *A conceptual framework for action on the social determinants of health*: social determinants of health discussion paper 2. Geneva: WHO, 2010. (Discussion Paper Series on Social Determinants of Health). Disponível em: <http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf>. Acesso em: 1 out. 2018.

SOLOMON, J. *Living with X*: a body mapping journey in the time of HIV and AIDS, facilitator's guide. Johannesburg: REPSSI, 2007. (Psychosocial Well-being Series: Regional Psychosocial Support Initiative).

STADNYK, R.; TOWNSEND, E.; WILCOCK, A. Occupational justice. In: CHRISTIANSEN, C. H.; TOWNSEND, E. A. (Org.). *Introduction to occupation*: the art and science of living. Upper Saddle River: Pearson Education, 2010. p. 329-358.

TOWNSEND, E.; MARVAL, R. Can professionals actually enable occupational justice? *Cadernos de Terapia Ocupacional da UFSCar*, São Carlos, v. 21, n. 2, p. 229-242, 2013. http://dx.doi.org/10.4322/cto.2013.025.

VICTORA, C. Sofrimento social e a corporificação do mundo: contribuições a partir da Antropologia. *Revista*

Eletrônica de Comunicação, Informação e Inovação em Saúde, Rio de Janeiro, v. 5, n. 4, p. 3-13, 2011. Disponível em: <https://www.arca.fiocruz.br/bitstream/icict/17376/2/2. pdf>. Acesso em: 1 out. 2018.

WERLANG, R.; MENDES, J. M. R. Sofrimento social. *Serviço Social & Sociedade*, São Paulo, v. 116, n. 116, p. 743-768, 2013. http://dx.doi.org/10.1590/S0101-66282013000400009.

WHITEFORD, G. E.; HOCKING, C. (Org.). *Occupational science*: society, inclusion, participation. Oxford: Wiley-Blackwell, 2012.

WICKHAM, S. et al. Poverty and child health in the UK: using evidence for action. *Archives of Disease in Childhood*, Liverpool, v. 101, n. 8, p. 759-766, 2016. http://dx.doi. org/10.1136/archdischild-2014-306746.

Author's Contributions

Larissa Barros de Souza, Maria Paula Panúncio-Pinto and Regina Célia Fiorati contributed to writing the article. All authors approved the final version of the text.

Funding Source

Notes

[1] Paper related to the research developed in a Master's Dissertation, funded by CAPES, approved by the Research Ethics Committee of the Ribeirão Preto Nursing School (CEP-EERP-USP) and presented in a poster format at the 1st Congress of Public Health APSP Ribeirão Nucleus, on September 15, 2017.