Original Article

Mothers' perception of child occupations during the social distancing period caused by the COVID-19 pandemic

Percepção de mães sobre as ocupações infantis durante o período de distanciamento social em razão da pandemia de COVID-19

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Abstract

The COVID-19 pandemic, with physical distancing measures and its consequences for occupations of adults and children, motivated this investigation, which aimed to analyze, from the perspective of family members, the influence of social distancing on the participation of 4 to 6-year-olds in their occupations, as well as identifying the resources available and used by families to promote participation in this context. This is a quantitative, descriptive and exploratory study. Data were collected through an online questionnaire, via Google Forms, published on social networks and news sites. A total of 330 responses were obtained, with the majority of respondents being mothers, from the Southeast region, post-graduated and with family income predominantly above six minimum wages. About the children, the majority were white and with no disabilities. Among the changes perceived in occupations, achievements in communication, greater independence and participation in household and family tasks, excessive use of electronics, boredom and more elaborate play, difficulty for adults to accompany children, and strengthening of family ties, stood out. The family was mentioned as the main source of support and the teacher as a source of information for the families. Studies with greater sample diversity are suggested.

Keywords: Coronavirus Infections, Social Isolation, Child, Child Development, Occupational Therapy.

Resumo

A pandemia da COVID-19, com as medidas de distanciamento físico e seus desdobramentos nas ocupações de adultos e crianças, motivou esta investigação, que teve como objetivo analisar, sob a perspectiva de familiares, a influência do distanciamento social na participação de crianças de 4 a 6 anos em suas ocupações, bem como identificar os recursos disponíveis e utilizados pelas famílias para promover a participação nesse contexto. Este é um estudo quantitativo, descritivo e exploratório. Os dados foram coletados por meio de questionário online, via *GoogleForms,* divulgado em redes sociais e *sites* de notícias. Obteve-se um total de 330 respostas, sendo a maioria das respondentes mães, da região Sudeste, pós-graduadas e com renda familiar predominantemente acima de seis salários mínimos. Sobre as crianças, a maioria era branca e sem deficiência. Dentre as mudanças percebidas nas ocupações, destacou-se conquistas na comunicação, maior independência e participação em tarefas domésticas e familiares, uso excessivo de eletrônicos, tédio e brincar mais elaborado, dificuldade dos adultos em acompanhar as crianças e fortalecimento de vínculos familiares. A família foi citada como a principal fonte de apoio e o professor como fonte de informação para as famílias. Sugere-se estudos com maior diversidade amostral.

Palavras-chave: Infecções por Coronavírus, Isolamento Social, Criança, Desenvolvimento Infantil, Terapia Ocupacional.

Introduction

Occupations, understood as human, everyday activities carried out individually, in family or community, have different purposes and meanings for each person, and express identity, belonging and desires (American Occupational Therapy Association, 2020; Folha & Della Barba, 2020; Rodger & Ziviani, 2006). Magalhães (2013) explains that participating or not in meaningful occupations is decisive for people's well-being and expanding their occupational opportunities becomes the main challenge of occupational therapy in the contemporary world (Magalhães, 2013).

In the field of childhood, Mandich & Rodger (2006) consider that participating in occupations is fundamental for the healthy development of all children and that the context and occupational roles experienced (child who plays, who studies, who interacts) allows them to develop their identity, feel (and become) productive and belonging.

Childhood, from the occupational perspective, represents the differentiated look that only the occupational therapist can give to the child and postulates considering the relationships between child development and participation in occupations performed by them and their families, understanding occupational development as a result of the interaction between the child, their occupations and the environment where they live (Folha & Della Barba, 2021).

Recently, we experienced intense changes related to the performance of occupations of children and adults (Rodger & Ziviani, 2006). The COVID-19 pandemic, an infectious and rapidly spreading disease, mobilized the world, in general, to minimize risks and impacts in all sectors. Physical and social distancing measures were taken in

order to reduce contact, prevent transmission and prepare health systems to provide treatment (Organização Pan-Americana da Saúde, 2021; World Health Organization, 2020a; World Health Organization, 2020b).

The term "distancing" was established by the World Health Organization (WHO) (World Health Organization, 2020b) as physical separation, a general action that all people must take, even if they are well and have not had known exposure to the coronavirus, as a way to to prevent the spread of the disease. The Brazilian Association of Collective Health (Associação Brasileira de Saúde Coletiva, 2020), following recommendations from the WHO, the United Nations Children's Fund (UNICEF) and the European Union, suggest the use of the expression "physical distancing", emphasizing that social and affective connections are essential to overcome the negative impacts on collective mental health (Associação Brasileira de Saúde Coletiva, 2020). Silva Júnior (2020) suggests replacing the term "social distancing" with "physical distancing", noting that social contacts and support networks are increasingly necessary and that technological advances and the Internet make social contact at a distance possible (Silva Júnior, 2020).

Even with such recommendations, most documents and research until the conclusion of this study presented, with greater frequency, the term "social distancing". In this way, we chose to use "social distancing" in the text and data collection instruments in order to ensure everyone's understanding.

Evidence on the effects of these measures has been developed in order to guide collective actions, within the scope of public authorities, and support family routines (Bakrania et al., 2020; Linhares & Enumo, 2020; Prem et al., 2020; Rits et al., 2020; Shonkoff, 2020). Studies have shown that both the immediate and long-term effects of this distancing will not be evenly distributed, as it can reinforce stigma and discrimination, especially for socially vulnerable populations (Bakrania et al., 2020; Center on Developing Child, 2020; United Nations International Children's Emergency Fund, 2020; World Health Organization, 2020b; Shonkoff, 2020).

For early childhood, the interruption of education, leisure, and assistance services was related to the increased risk of malnutrition, abuse and exposure to violence at home, which, combined with the disparity of children living in poverty, with disabilities and/or at risk of child labor, potentiate new vulnerabilities (Organisation for Economic Co-Operation and Development, 2020; Shonkoff, 2020).

Thus, the motivations for this study were boosted, which aimed to analyze, from the perspective of family members, the influence of social distancing on the participation of children aged 4 to 6-years-old in their occupations and routines, as well as to identify the resources available and used by families to support and promote participation in this context.

Method

This is a quantitative, descriptive and exploratory study.

From discussions carried out in a research group and previous research that investigated children's occupations and the contexts in which they develop, it was proposed the elaboration of a questionnaire, to be answered virtually by adults responsible for children from 4 to 6-years-old, approaching their perceptions regarding the main challenges, advances and strategies for involving children in occupations during the period of social distancing.

The elaboration of the questionnaire was based on the Theory of Occupational Development (Davis & Polatajko, 2006) of children and their participation in occupations and routines during social distancing in the course of the pandemic described in occupations by the Association of American Occupational Therapy (AOTA) (American Occupational Therapy Association, 2020) and in the routines described in the Measure of Engagement, Independence and Social Relations (MEISR) (McWilliam & Younggren, 2019).

The script was evaluated by judges, as recommended by Manzini (2020). The choice of these judges considered their experience in writing scripts and affinity with the topic investigated (Manzini, 2020). Thus, four mothers of children were invited: a university professor in the field of law; a speech therapist from the public service of a city in the interior of the State of São Paulo and active in educational support to public schools; two occupational therapists, one of them a doctor in occupational therapy and a graduate professor in occupational therapy and a doctoral student, both members of the research group.

The judges were invited to evaluate the language used, clarity, sequence and form of the questions, as well as the need for alteration, insertion or removal of items. Spelling and typing errors were flagged, insertion of situations with which they identified, and exclusion of the division between "positive" and "negative" changes, taking into account that, for example, "increased use of electronics" could be understood as a challenge, gain or even in a neutral way. The final version of the questionnaire, which took an average of 10 minutes to answer, contained 48 questions organized into 18 sessions, as follows:

Presentation - informative text on the theme, objectives and justification of the research;

Free and Informed Consent Form (TCLE) - including link to full text and signed by the researcher for download. The text was made available as a way of ensuring that the participant had access to the document signed by the researcher because, as these were anonymous responses, they could not be sent by email;

Family information - multiple-choice questions addressing place of residence, family composition, and socioeconomic and housing conditions;

Information about the child - multiple-choice questions addressing age, gender, race and ethnicity, disability and completion of school activities;

General impacts on occupations - linear scale in which the respondent quantified the changes, for each occupation, among the options: "many gains", "some gains", "no impacts observed", "some challenges", "many challenges".

Sections on occupations: Sleep, Food, Hygiene, Use of clothes, Use of the bathroom, Playing, Living together and Social Interaction, Communication (understanding and expression), Carrying out School Activities, Emotions and Behaviors, through multiple choice questions in which the respondent could mark as many situations as they could identify with (eg, improvement in sleep quality).

Section on strategies, emotional support and source of information - multiple choice questions with the option "other", in which the respondent could identify his support network and strategies.

Open questions - two open questions were prepared, with a text field, as a way to guarantee space to bring questions that had not been addressed in the questionnaire, complementing the multiple choice questions.

"In your assessment, in general, how did this current moment interfere with your child's participation in the occupations?" - mandatory answer

"Comment here something you consider important that has not been addressed about the challenges and possibilities you are experiencing right now." - optional answer;

Closing - thanks for the participation and disclosure of the researcher's contact.

Data collection took place between August 02 and September 19, 2020 and the disclosure took place via Inforede - UFSCar newsletter, news in virtual newspapers such as G1 and radio stations in the municipality of São Carlos. The link was also sent via email to the Regional Councils for Physiotherapy and Occupational Therapy (CREFITO) via WhatsApp, Facebook and Instagram. The total number of responses obtained was 330 and the data were analyzed using descriptive statistics in order to highlight the most frequent responses in relation to the total sample.

Results

Characterization of the families (and children) participating in the study

We present data related to the respondent's degree of kinship with the child, location, education, socioeconomic and housing conditions, education level, work and family composition.

Most respondents were mothers (91.2%), also in most of the Southeast region (92.4%). For this reason, we will continue referring to the female sample. With regard to education, most respondents had a postgraduate degree (57.9%), followed by complete higher education (24.4%). Regarding work, most were working in person (26.2%), 19.5% were working at home with the same previous requirement, 15.5% were working at home with less demands, 14.3% were working at home with more demanding, 10.1% did not perform paid activity, 8.2% were unemployed and 6.1% were working reduced hours.

We observed that most received between 6 and 12 minimum wages (30.5%), followed by more than 12 minimum wages (28%), 3 to 6 (25%), 1 to 3 (12.8%) and up to 1 salary (2.4%). Regarding financial aid, 87.8% did not receive government funds and, among those who received it, emergency aid was the most mentioned – 10.4% of the respondents. In addition, 70% lived in their own house, most with 3 or 4 residents and in 53.7% of cases there was no other child in the household. Regarding the division of household chores, 41.5% of respondents receive help.

Concerning the children mentioned in the study, 52.4% were female and most were identified as white (84.5%), followed by brown (10.4%) and black (2.1%). Most children (87.2%) did not have a disability and, among those who did, most reported Autism Spectrum Disorder (51.1%), followed by Intellectual Disability (28.9%); 98.8% of the children were enrolled in a regular school, with 73.5% in the private network, and around 90% carried out school activities during the period of social distancing.

The main school activities developed during the pandemic period were tasks sent by the school (60.4%), online activities (49.1%) and video classes (43%). With regard to staying at home, 99.09% of the children left the house at some point, with a predominance of more than 20 times (35%). The main reasons were car rides (61.3%), visiting relatives (55.2%) and medical/dental consultation, examination or procedure (50.3%).

General impacts on occupations

The general impacts on the occupations were evaluated in an initial question with a linear scale ("many gains", "some gains", "Did not observe impacts", "some challenges", "many challenges"), followed by specific questions about the occupations multiple-choice (sleep, feeding, hygiene, use of clothing, using the bathroom, playing, coexistence and social interaction, understanding and communication, carrying out school activities, emotions and behaviors).

Figure 1 shows that the occupations that presented the greatest perception of "many gains" were playing (17.7%), understanding and communication (14.3%), use of clothing (14%) and using the bathroom (14%). On the other hand, in the "many challenges", the carrying out of school activities (30.2%), coexistence and social interaction (25.3%) and emotions and behaviors (24.7%) stand out. The least flagged occupations were using the bathroom (55.2%) and wearing clothes (45.1%).
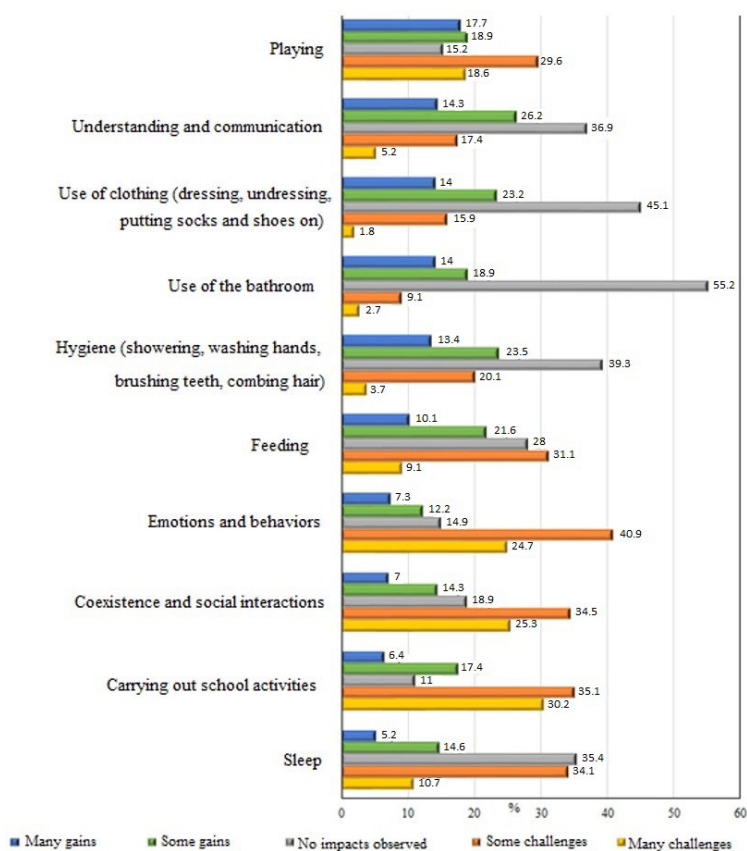

Figure 1. General impacts on occupations. Source: Own elaboration, 2020.

Specifying the changes related to each routine, we found that changes related to playing were the most indicated as "many gains" (17.7%), followed by high indicators related to "some gains" and "some challenges". Specifying these changes, Figure 2 points to excessive use of electronics (56.7%), children bored too often (48.5%), more

elaborate pretend play (41.2%), greater agitation (35.7%), adults with difficulties to play with children (30.8%) and children exploring and creating more possibilities in play (30.2%).
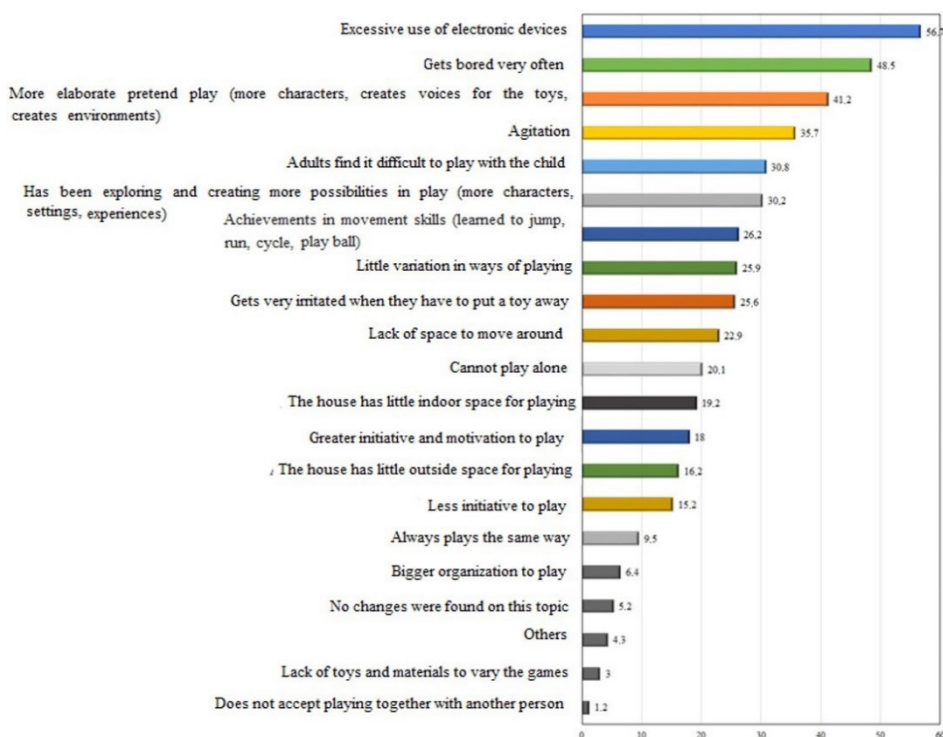

Figure 2. Changes related to playing. Source: Own elaboration, 2020.

With regard to understanding and communication, the main changes were related to the fact that the child asked more questions about what they saw and heard (52.1%), spoke more about feelings (35.1%), showed greater intention to communicate and initiate conversations (35.1%), increased the number of words used (33.8%) and maintained longer dialogues (31.4%).

Regarding the use of clothes, the highlighted option was independence to dress oneself (22.3%), learning to undress (21.6%) and trying to dress oneself (18%).

Regarding the use of the bathroom, learning to clean oneself stood out (17.1%), with the other items having frequencies below approximately 10% and 58.8% did not find changes on the subject.

With regard to hygiene, we highlight the perceptions of greater independence for washing hands (30.8%), routine changes in bathing and tooth brushing times (26.5%), greater attention to care for one's own hygiene (25 .9%), greater independence in bathing (25.9%) and brushing teeth (24.1%).

In Figure 3, we highlight that the main changes in diet were related to the fact that the child asked for less healthy foods (42.4%), participated in the preparation of food or meals (35.1%), eating while watching television or using a cell phone/ tablet (33.8%), participating in family meals (29.6%) and showing excessive appetite (27.4%).
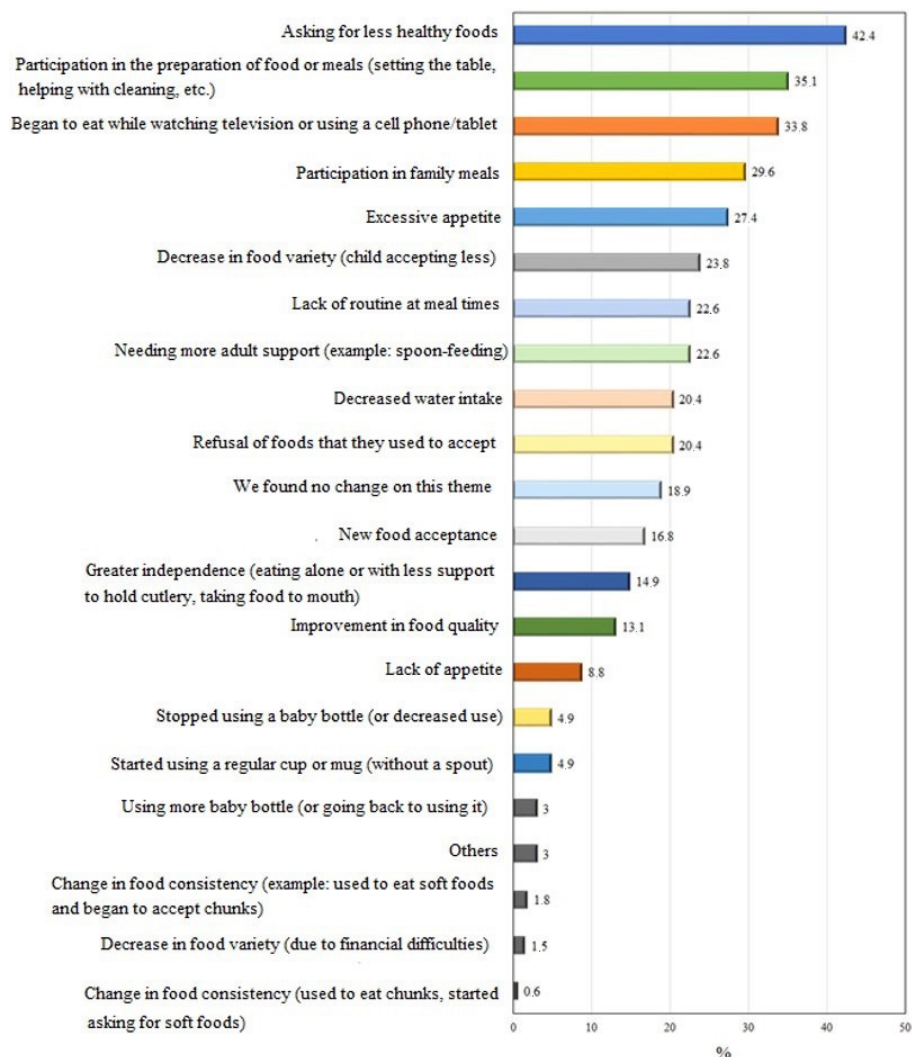
Figure 3. Changes related to food. Fonte: Own elaboration, 2020.

The main changes related to emotions and behavior were anxiety (54.9%), difficulty waiting for something (54%), agitation (49.1%), difficulty dealing with frustrations (44.2%), difficulty accepting rules and limits (43.3%), tantrums (32.3%), fear (29.9%) and difficulty calming down (25.6%), as shown in Figure 4.

As for adults, we found that the main challenges related to emotions were being patient (64.6%), staying calm (57%), anxiety (54%), maintaining rules and limits (50.9%) and not giving into (managing) tantrums (34.1%).

For coexistence and social interaction, there was a highlight for the feeling of absence of family members or people with whom they lived (66.5%) - with frequency well above the others, greater search of the child for interaction with adults (44.8%), longer time and opportunity for family moments (34.5%), difficulty in doing chores (30.5%) and the child's greater search for interaction with other children (29.4%).
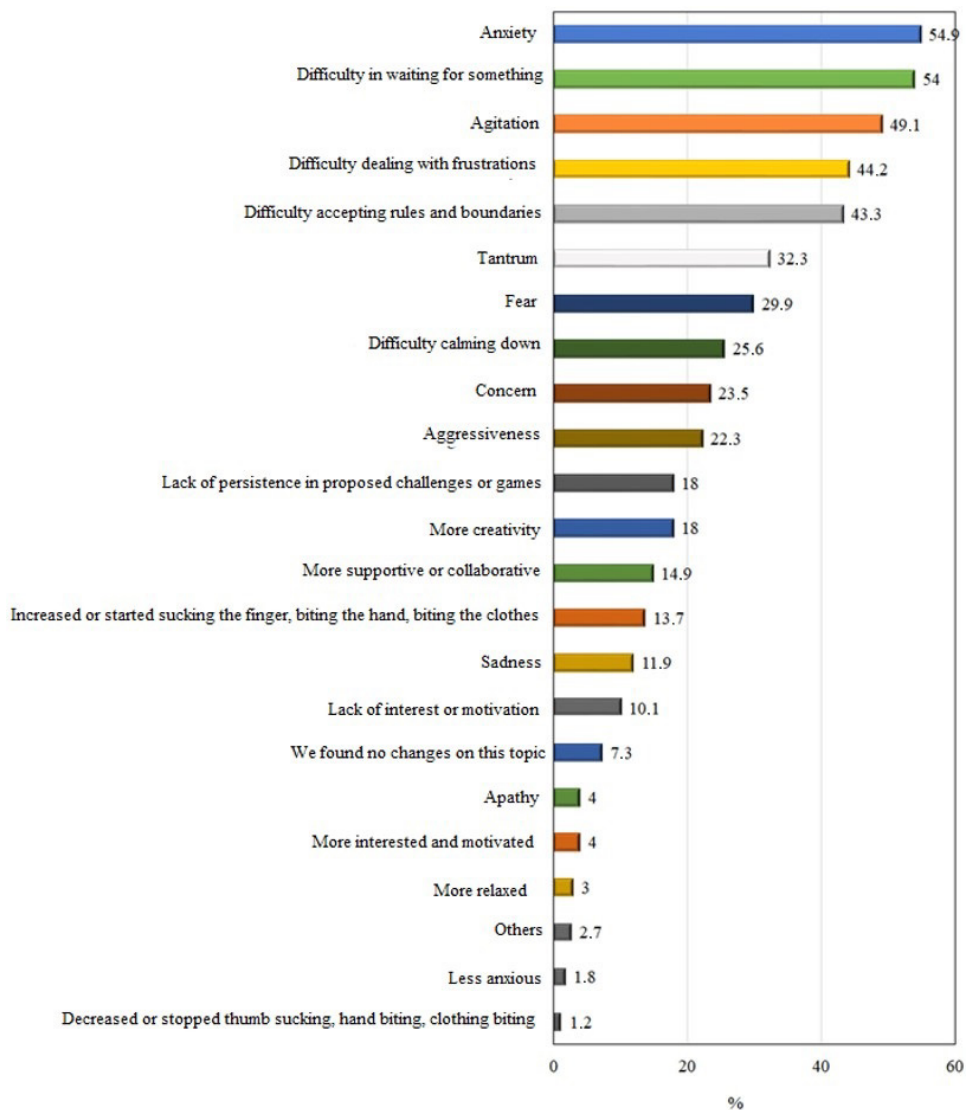
Figure 4. Changes related to emotions and behavior. Source: Own elaboration, 2020.

As for school activities (Figure 5), we observed the child's lack of motivation or interest (56.4%), followed by difficulty in maintaining attention (54.9%), strengthening of family ties (39%), involvement of adults in activities (35.7%), lack of time for adults to accompany children in tasks (29.3%) and gain in skills and knowledge (26.8%). Parents' perception of their children's skills was even greater (18%).

On the other hand, we saw that the main challenges of adults or the environment in carrying out school activities were the lack of time to accompany the children on tasks (45.4%) and the lack of ability (or feeling of inability) to help the children. children in tasks (31.4%). We consider that around 30% of the respondents did not feel that there were challenges regarding the topic.
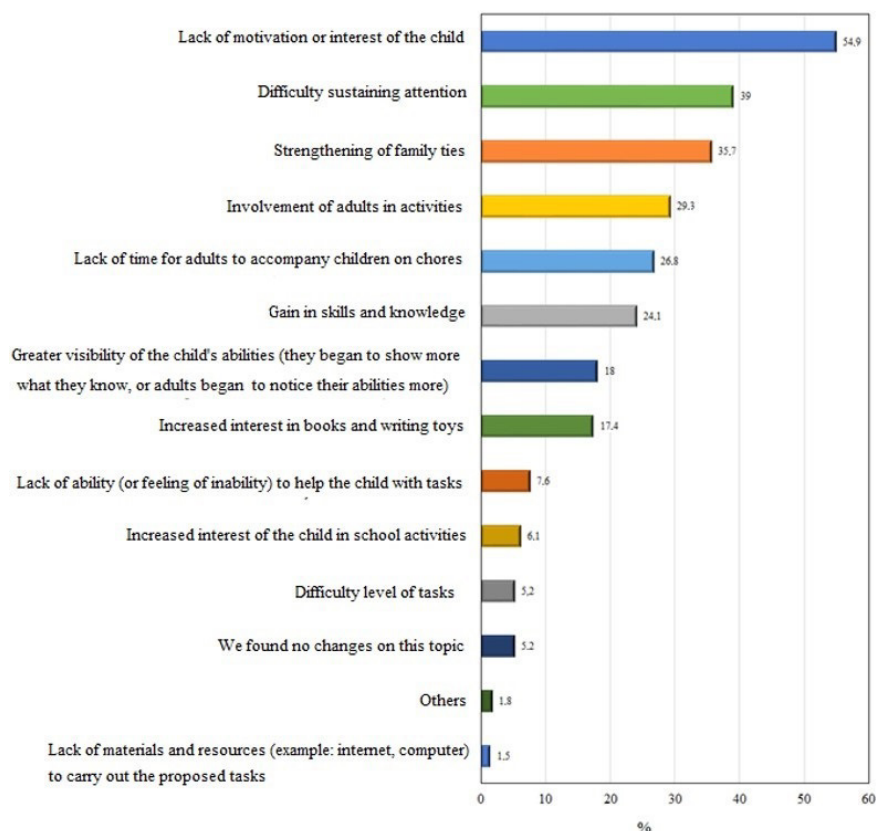
Figure 5. Changes related to carrying out school activities. Source: Own elaboration, 2020.

We also found that the main changes related to sleep were major changes in time (42.1%), lack of sleep (19.8%) and restless sleep (19.5%); 28.7% of respondents did not find changes on this topic.

We observed that adults identified with most of the strategies presented to face the challenges related to occupations in the quarantine period, the main ones including encouraging children to be more independent (73.2%), providing opportunities for their participation in taking care of the house (67.1%), trying to maintain a routine with sleep schedules, meals and playing (66.8%) and making the use of electronics more flexible (allowing more time for use), with about 65.5% of the respondents. On the other hand, the strategies that adults least identified were seeking and offering appropriate challenges (30.8%), leaving the routine free (20.4%) and working on breathing, yoga or similar activities (14.9%).

Regarding the sources of support found by families, we found that the main sources of emotional support at the time of the pandemic were mainly family members, with 69.5% of cases, followed mainly by friends and professionals (psychologists, educators and therapists), with 32.6 and 25.9%, respectively. The main sources of strategies and information were the children's teachers (50.6%), social networks (professional profiles, with 38.4%) and websites (31.7%). In this case, we highlight that around 13% of the respondents did not seek information and that television was the smallest source, with 2.1%.

Discussion

Based on the profile of the sample of participants, we identified homogeneity related to gender, degree of kinship with the child, location, socioeconomic conditions and education. We attribute this characteristic, mainly, to the way of disseminating the research that, due to the scarce time, was triggered in social networks and media linked to universities and to the professional environment (of occupational therapy, such as the Regional Councils). Geldsetzer (2020) indicated that online questionnaires allow a wide reach in a short period of time, but are limited in terms of the similarity between the socioeconomic levels of respondents, considering the need for access to computers, tablets or smartphones and the Internet.

It is known that the implications of social distancing depend on each person's life context and socioeconomic characteristics, housing conditions, access to resources and support network are important influencing factors (Silva & Almeida, 2020; Núcleo Ciência pela Infância, 2020; World Health Organization, 2020b; Organisation for Economic Co-Operation and Development, 2020; United Nations International Children's Emergency Fund, 2020). We emphasize this information in order to contextualize and recognize the places of speech, taking into account that the discussions proposed in this study refer to a population cut.

Regarding the degree of kinship, mostly mothers (91.2%), we reflect on the roles played by them, including the interest and availability to answer the questionnaire, as well as the mastery of the data to be informed, signaling their protagonism in the practice of watch out for children. Gender inequality in terms of the division of domestic work and child care, accentuated for women in confinement at home, in addition to causing damage to their professional role or other significant occupations, resulted in the separation from support networks, schools, grandparents and caregivers, fundamental to carrying out and maintaining work activities, emphasizing the diversity and privileges related to races, origins, classes and sexualities of the mothers who lived through this period (Insfran & Muniz, 2020; Sempre Viva Organização Feminista, 2020; Macedo, 2020).

Dell'Aglio & Machado (2020) add that the gender difference that designates, socially and historically, domestic tasks and care is directly crossed by markers of class and race. They problematize, in the context of social distancing, the need to objectify who and for whom one is talking, given privileges such as the enjoyment of private education services, service providers, such as porters, day laborers and nannies, of which many of the respondents of this research have. However, they emphasize that this is not a comparison, nor a delegitimization of confrontations, but the recognition that "working at home" while taking care of children and the house is not an option for most women (Dell'Aglio & Machado, 2020).

Thus, we highlight that, even though the population sample reached by this study was mothers, mostly with undergraduate and graduate degrees and income above 6 minimum wages, it brings contents of burdens and challenges characteristic of motherhood in the Brazilian scenario.

Considering the families' profile, their confrontations and possibilities, we set out to analyze the meaning and value attributed to occupations and the importance given to the involvement of children in family occupations.

Returning to the notion that children's occupations are intentional actions that children carry out in the course of their development, we know that engaging in occupations with family, friends or other people constitutes this repertoire, which will allow the development of their roles as children. who play, study, relate to other people and take care of themselves (Mandich & Rodger, 2006).

The American Occupational Therapy Association (2020) adds to this discussion the concept of co-occupations, understood as occupations that need to be shared in order to be carried out. This definition includes occupations of care, both for those who offer and those who receive, for example, the interactive routines of eating, feeding, comforting and other reciprocal and interactive activities.

The ethnographic study by Lawlor (2003) identified that children's involvement in occupations can happen based on three biases: "doing", "doing with" and "doing something with someone". With regard to the meanings attributed to the occupations carried out, "doing something with someone" was identified as the most representative and the one that would be most capable of characterizing children's occupations, with repercussions on the motivation to do it and on the involvement and participation in the occupation.

Thus, bearing in mind that adults who live with children have a significant influence in determining their occupations, we highlight the importance of discussing changes in children's occupations and routines based on their close relationship with their environments and care agents.

In the performance of several co-occupations carried out between the mothers participating in this study and their children, it was observed that the adults' biggest challenges included being patient, remaining calm, anxiety, maintaining rules and limits and not giving in or handling tantrum behaviors. For children, changes in emotions and behaviors were highlighted in the overall scores (Figure 1) of "many challenges" and "some challenges". In the section on this theme (Figure 4), anxiety, difficulty in waiting for something, agitation, difficulty in dealing with frustrations, difficulty in accepting rules and limits, tantrums, fear and difficulty in calming down were specified.

These results show that, even with changes in routines, possibilities of reduced occupations and challenges related to emotions and mental health, opportunities for participation and quality in interactions were also identified, especially the participation of children in household chores and activities and the strengthening family ties. The family was also highlighted as the main source of emotional support in this context.

For this discussion, we return to the relationship between the family and occupational development established by Darlington & Rodger (2006), in which the central importance of rituals, routines and family beliefs is recognized and that no person is capable of existing independently.

Therefore, as families offer participation opportunities for children based on the bonds, roles and routines they perform, they also offer emotional support and motivation for the development of their members (Darlington & Rodger, 2006). On the other hand, the participation of children in occupations benefits their physical, cognitive, social and affective development and influences the health and well-being of the family as a whole (Dunford & Bannigan, 2011; Mandich & Rodger, 2006). This demonstrates both the importance and the need for children to be provided with environments and families that promote participation, that is, that provide these

opportunities for involvement in occupations within the scope of the family routine. It also shows us that strengthening family ties and expanding and strengthening informal supports can be valuable coping strategies in times of crisis (Dell'Aglio & Machado, 2020). It is worth mentioning here the responsibility of the public power for offering social protection measures, access to health care, nutrition and provision of support to families to care for and protect their children (Center on Developing Child, 2020; Shonkoff, 2020; United Nations International Children's Emergency Fund, 2020).

Still on family routines and opportunities to participate in occupations, we highlight the data on increased participation in family meals, meal preparation, playing, understanding and communication, hygiene and the use of clothes and the bathroom - many related to the child's independence. We remind you that "encouraging the child to be more independent" was an item highlighted as a strategy for facing the challenges and that offering opportunities and encouraging participation in occupations are related to the understanding of families about the competence of children and their preferences and habits, but are also influenced by socioeconomic factors (DeGrace, 2003; Dunst et al., 2009; Law et al., 2006; Mulligan, 2012; Shepherd, 2012).

Returning to Mulligan's notes (2012), playing — a central occupation in childhood —begins to be performed in a more shared and elaborate way at this age due to the development of specific skills. However, each family's perception and availability of this occupation will influence the way they support this play (Mulligan, 2012; Graham et al., 2014).

The answers about playing showed more elaborate make-believe games and greater exploration and possibilities, which may be influenced by the increase in time at home and the strengthening of family ties, affecting both the perception and the availability of adults, although recognizing the challenges of this period.

The use of electronics was pointed out as excessive when related to playing, but its flexibility (allowing the child to use them for longer) was pointed out as a coping strategy for moments of difficulty, which leads us to discuss the concerns of adults regarding this topic. We emphasize that, for Winther & Byrne (2020), the use of technologies is not necessarily harmful and, when supervised by parents and balanced during daily routines, it can consist of a well-being and development strategy for children. They suggest that, especially in times of greater tensions and challenges, we can relieve adults of concerns about screen time norms and focus much more attention on care with the content and quality of experiences that screens can promote when supervised and shared with the family.

The results showed us the routines identified as structuring for the development of occupations, children's participation and families' well-being. However, when unstable or devoid of meaning and purpose, they were harmful to the organization, well-being and offer of opportunities. Corroborating these perceptions, the maintenance (or attempt) of a routine with sleep schedules, meals and games was identified as strategies.

The routines offered by families are fundamental to promote the development of children, because they offer learning opportunities for the acquisition and refinement of skills. The synchrony of rhythms of these family routines, with activity patterns, promotes occupational balance and changes caused by intentional or unintentional events (changes in work shifts or the birth of a child) can impact circadian sleep-wake

cycles and social cycles, which may trigger health damage (Hughes-Scholes & Gavidia-Payne, 2016; Ziviani et al., 2006).

Maximino & Tedesco (2016) point out that the development of routines consists of the balance between external requirements, such as work schedules, and internal requirements, associated with perceptions, beliefs and desires. These authors state that, commonly, we assume changes in routines based on affective motivations, such as an affective relationship or changes at work, which can trigger feelings such as joy and/or despair, tiredness and/or energy (Maximino & Tedesco, 2016).

About the external demands, they problematize that the imposed and prescribed routines can generate suffering and distance from their own ability to recognize their desires and needs (Maximino & Tedesco, 2016).

From the perspective of the pandemic, we can associate the external imposition of changes in routines arising from social distancing with the strategies for establishing healthy routines that emerged (and emerge) as structures and goals to be met, crossing subjectivity, desires, needs and possibilities of each person, even triggering guilt for those who, for so many reasons, do not reach a certain organization/structure.

Returning to Maximino & Tedesco (2016), who reinforce the importance of an expanded perception of occupational therapists in the investigation and appreciation of different forms of organization of people in their daily routines, we recognize the need to identify opportunities for new experiences and ways of acting that overcome the logic of reproduction, reaching personal and subjective construction and shared doing.

With the majority of children enrolled in regular schools (98.8%), private schools (73.5%) and around 90% carrying out school activities during the period of social distancing, we highlight the perception of their lack of motivation, interest and attention.

Based on the discussions by Folha (2019) and Mulligan (2012), we recognize that participation in children's occupations at school is essential for the growth and development of children and for the performance of their first occupational role as students. Thus, we can see that school occupations and the student's role in the preschool phase drive the achievement of autonomy and independence and the establishment of new bonds and routines that go beyond the environment and family life. We emphasize that the school occupation can be much more related to the opportunity to play new roles and not to exacerbated responsibilities, charges with content and performance.

Folha (2019) explains that the possible impacts of restricting access to school activities, on children's learning, development and mental health, will depend on the cultural, physical and social context of the school, which corroborates the idea that the interruption of face-to-face classes and social distancing will have different impacts depending on these variables.

In this perspective, the results show that the occupational role of the student was not performed with all its characteristics, considering the reduction in contact with peers, educators and participation in occupations in the school environment. It is worth discussing that, although adults have faced challenges related to the availability of time and the skills required to follow school activities, they identified the strengthening of bonds, associated with opportunities to participate in the school development of their children.

As for coexistence and social interaction, indicated on the linear scale in "many challenges" (34.5%) and "some challenges" (25.3%), the specific section highlighted the feeling of missing family members or people who they lived with (66.5%), which we suggest extending to school life.

Tunes & Prestes (2020) pointed out that the coexistence relationships established in the school community, free and spontaneous as described by them, are part of the child's cultural development process. Thus, these authors question the need for remote teaching in preschool, during the pandemic, because a child of preschool age is less likely to talk and/or relate to another child in a free and spontaneous way (Tunes & Prestes, 2020).

Martins & Almeida (2020) problematize the use of technology as the main resource in new education proposals, as it can harm social groups that do not have access and make it difficult for them to remain in their studies. However, they consider that these resources were already being used and gained strength in the pandemic, which may or may not have favorable repercussions (Martins & Almeida, 2020). On the other hand, they point out that the practice of remote teaching with a focus on content is a problem prior to the pandemic and warn that the school must be an absolutely irreplaceable place, based on coexistence and conversations. These authors invite professionals to think about the use of technologies as a way to enhance debates, emotional support, solve problems and support students in dealing with changes. They also consider that the implementation of these practices requires valuing the teaching profession and access to health and technology (Martins & Almeida, 2020).

Teachers were identified as the main source of information about children's development during the period of social distancing; therefore, it is essential that we recognize and value their roles as role models, not just for children, but for their families. In this sense, we can also add that being away from school is not only suffered by the child, but also by the family.

Martins & Almeida (2020), in line with this thought, emphasize the role of the teacher, which was already primordial but was amplified during the pandemic, when they demonstrated, in everyday inventions and in the implementation of different educational initiatives, excellent skills to maintain their processes of socialization of knowledge (Martins & Almeida, 2020).

Final Considerations

The objective of this study was to analyze, from the perspective of guardians, the influence of social distancing on the participation of children aged 4 to 6-years-old in their occupations and routines, as well as to identify the resources available and used by families to support and promote participation in this process. context.

The results showed a slightly heterogeneous sample, recognized as a limitation of the study. However, they sparked discussions about the routines and occupations of children and families and the importance of family routines providing children with opportunities to participate in occupations.

Routine changes, even though they have curtailed some opportunities for occupations, were identified as structuring factors for children's participation. Families were identified as central in the construction and maintenance of routines, influenced

by socioeconomic and cultural contexts. The overload of mothers with domestic tasks, work and child care was pointed out, as well as the risks to the mental health of adults and children. The strengthening of bonds, opportunities for adults to follow the overall development of their children and gains in autonomy, independence and participation in household tasks, such as preparing meals, were highlighted.

Changes related to the performance of the school occupation and the role of student were discussed, the harmful influences of the reduction of social contact with people from the school, the challenges of mothers and fathers in the accumulation of tasks and their participation in the school development of their children.

The figure of the teacher stood out as the main source of information identified by the family and the family as the main emotional support.

It is hoped that, as researchers of occupations, occupational therapists focus on work focused on routines and natural contexts, favoring the joint construction of meaning and purpose in occupations and discarding standardized routines.

It is suggested that future studies seek greater heterogeneity of participants, such as other age and socioeconomic groups, public schools, and listening to the perception of children as protagonists of this process.

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