



JÖNKÖPING UNIVERSITY

*School of Education and  
Communication*

**Through the parents' and educators' eyes:  
Play of preschool aged  
children in need of special support**

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## ABSTRACT

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Play is the primary activity of childhood. It is connected to other areas of child's development, therefore through play, children improve skills and abilities. The most common categorization of play is into the developmental and social aspect of play. The highest level of play is achieved when the true social play occurs. The ideal setting for social play to occur is early childhood education and care (ECEC) institutions. ECEC in Croatia is striving for inclusion of *children with difficulties/special needs*, as stated in Croatian ECEC leading documents. In this study, these children will be referred to as *children in need of special support* since it is perceived that name reflects the bio-psycho-social model of disability that recognizes issues in child's functioning, apart from the child itself, coming from the environment. All the services, for children in need of special support, including ECEC are disability-based. It has been found that children in need of special support experience problems during play which affects other domains of development.

The purpose of the study is to investigate play of children in need of special support and the factors, i.e., facilitators and barriers for their play. Play of the children in need of special support is chosen to be explored through the perception of their parents and educators with the use of the grounded theory approach. After collecting data through interviews and preformed data analysis, characteristics of play children in need of special support display together with the factors that affect play positively or negatively emerged. Factors were found to affect children's play directly or indirectly. The most outstanding facilitators for children's play were found to be the parents' and educators' actions and attitudes regarding the importance of play. The most substantial barriers were found to lie in the children's characteristics concerning play which were tended to be perceived as consequences of their difficulties and diagnosis-based educational and social systems. Furthermore, the schooling system forcing ECEC institutions to focus on early preparedness for academic success, putting play aside emerged as a notable barrier for the play.

Keywords: ECEC, Croatia, Play, Children in need of special support, Parents, Educators, Play facilitators, Play barriers, Grounded theory

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## **Abbreviations**

ASD	Autism Spectrum Disorder
ECEC	Early childhood education and care
PDD-NOS	Pervasive Developmental Disorder-Not Otherwise Specified
TD	Typically developing
UN CRC	United Nations Convention on the Rights of Children
ZPD	Zone of Proximal Development

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# 1 INTRODUCTION

Early childhood education and care (ECEC) in Croatia is striving for inclusion of children with difficulties/special needs, as stated in Croatian leading documents for ECEC (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014). *Children with difficulties/special needs* have prioritized access to regular ECEC, which are, generally lacking in number and capacity (European agency for Special needs and Inclusive Education, 2017). Talking about ECEC in general an emerging trend is that the development of academic skills is taking-over play based practice and curriculum (Fleer, 2011). For instance, in the 58 pages of the Croatian National curriculum for preschool, play is mentioned only three times (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014). Even if some might not see a problem in this, the problem is becoming more obvious in relation to children in need of special support. In the Croatian context these children are referred to as “children with difficulties” or “children with special needs”.

Play is the primary activity of childhood (Uys et al., 2005; Hamm, 2006, Sterman et al., 2016). It has been found that children in need of special support experience problems during play which affects other domains of development (Martin et al., 2015). Play is very important: it is connected to other areas of child’s development, therefore through play, children improve skills and abilities (Lifter et al., 2011; Stagnitti et al., 2012; Starton-Chapman & Brown, 2015). Nevertheless, play is a mean through which children learn about their environment and relations within it (Childress, 2011). Interventions in the domain of play of children in need of special support are highly needed, both in improving play skills, i.e. learning how to play (Starton-Chapman & Brown, 2015) and as play interventions targeting other skills (Barton & Wolery, 2008). However, before intervening, identification of problems, which never lie exclusively in the child, or his/her disability (Scholl et al., 2005), is the first step on the way of improvement.

Disability in this work is perceived as social construct (Gustavsson, 2004; Bhaskar & Danermark, 2006; Evans, 2008; Shikako-Thomas & Law, 2015), therefore the issues children in need of special support face during play are most likely rooted in the interaction with the social and physical environment. However, the medical model of disability still seems to dominate the practice, of both labelling and working with children in need of special support. It is perceived in this work that a bio-psycho-social model is a good way to approach the issue. It is crucial to find out multiple factors that affect play positively and negatively. In that way, facilitators could be used for further development and improvement of play, while barriers can

be removed and children's play behaviour improved. To identify factors that affect play of children in need of special support in ECEC, perceptions of play will be gathered from parents and educators of these children. Barriers and facilitators for play are recognized in the dynamic relationship between the natural environment and the developing child.

## **2 BACKGROUND**

### **2.1 CROATIAN EARLY CHILDHOOD EDUCATION AND CARE**

Croatian ECEC in general is regulated with several documents which serve as a base for the National Curriculum of Early and Preschool Education (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014). The law of Pre-school Education (Republic of Croatia, Ministry of Science, Education and Sports, 1997); the Pedagogical State Standard for Pre-school education (Republic of Croatia, Ministry of Science, Education and Sports, 2008) and the Direction Programme for Preschool Education (Republic of Croatia, Ministry of Education and Culture Herald, 1991) are some of those. The pedagogical standard conditions, e.g. size of the group, amount of educators working within one group; characteristics of the workforce, e.g. educational level; and the duties of the political parties in relation to the ECEC are regulated with this (European Agency for Special Needs and Inclusive Education, 2017). International documents in which the Croatian curriculum is based are the Convention on the Rights of the Child (1989), the Convention on the Rights of Persons with Disabilities (2006) and the Optional Protocol to the Convention. Talking about children in need of special support, the National Strategy of Equalization for Persons with Disabilities (2007), is also taken in consideration since it serves in promotion and assuring of complete and equal enjoyment of all human rights and freedoms to people, including children in need of special support (European Agency for Special Needs and Inclusive Education, 2017).

#### **2.1.1 Croatian ECEC in numbers**

Talking about reality, 64% of preschool-aged Croatian children, i.e. 159,591, were included in ECEC institutions in Croatia in 2016 (European Agency for Special Needs and Inclusive Education, 2017). A certain share of children included in Croatian ECEC make up children in need of special support. They are mostly included in regular ECEC, where they have priority of enrolment and, preferably, if available, get assigned with the personal assistant, i.e. additional educator, internee, or special educator. Only one child with difficulties should be included in the mainstream group, and if so, two typically developing (TD) children less should

take part of the group if estimated difficulties are mild; or four TD children less if difficulties of the child are estimated to be profound (Republic of Croatia, Ministry of Science, Education and Sports, 2008). However, depending on the conditions and the estimated degree of difficulty a child has, children might be included in special ECEC programmes.

## **2.2. INCLUSIVE EDUCATION**

Inclusion in terms of education is a multi-dimensional concept including acceptance and value of differences and diversity, social justice, exercising human rights, equity issues, a social model of disability and a socio-political model of education (Hornby, 2015).

The inclusion of the children in need of special support in ECEC context leads to higher chances of interaction with peers which, consequently, results in potential enhanced peer-to-peer social competence (Diamond & Hong, 2010). Inclusion can, as well, be viewed as a moral issue based on democracy, equality and human dignity. Inclusion requires systematic commitment to make it work (Gallagher, 2014).

### **2.2.1 Inclusion in Croatia-legal standpoint**

“Children with difficulties” gain access to ECEC regular (mainstream) programmes according to opinions of the professional team. The professional team is made of the staff of specific ECEC institution, i.e. psychologists, pedagogues, special education specialists; the principle of the ECEC institution and health-related staff in the institution. Estimation is done according to the diagnosis child has (Republic of Croatia, Ministry of Science, Education and Sports, 2008). Type and degree of the difficulty child has together with special conditions in terms of health, care, education and protection for that child, is brought by child's paediatrician and approved by special team of professionals constituted by Centre for Social care (Republic of Croatia, Ministry of Science, Education and Sports, 1997). Children perceived as having mild difficulties (see 2.2.2), depending on the type and degree of the difficulty, with ensuring special conditions are considered to be able to master the basics of the programme with the other, TD children in the group. Children with profound (see 2.2.2) difficulties are attributed with the placement in mainstream ECEC institution only if conditions can be ensured to fit their needs and there is no available place in special ECEC programmes (Republic of Croatia, Ministry of Science, Education and Sports, 2008). If conditions are not satisfying in regular ECEC institutions, children get assigned with the special ECEC placement, if available (Republic of Croatia, Ministry of Science, Education and Sports, 2008).

National Curriculum for early childhood and preschool education (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014) stresses inclusion as one of the main values of ECEC in Croatia, reflecting humanity and tolerance. Abandoning of the unified unique standards for all children is emphasized as highly needed in respect of the acceptance and honouring diversity among children. This kind of approach promotes inclusion of the *children with special needs* and respect of their rights in the regular ECEC programme (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014).

### **2.2.2 Labelling children in Croatia**

According to Pedagogical State standard for Preschool Education (Republic of Croatia, Ministry of Science, Education and Sports, 2008), children with visual impairments, children with hearing impairments, children with language-communication impairments, children with psychosis, children with behavioural problems, children with motoric impairments, children with intellectual disabilities, children with autism, children with multiple disabilities and children with health issues and neurological impairments (diabetes, asthma, heart diseases, allergies, epilepsy and other) are referred to as *children with difficulties*. As mild disabilities among above mentioned are perceived visual impairments, hearing impairments, impaired vocal-language communication, psychosis, changes in behaviour and neuro-functioning (aggressiveness, hypermotoricity, feeding problems, enuresis, respiratory crisis), motor impairments (partly moving without additional assistance) and mild intellectual disability. Profound difficulties are stated to be: visual and hearing loss, complete loss of vocal communication, motor impairments (impossibility to move without constant assistance of device or other person), profound intellectual disability, autism and multiple profound disability (combination of previously mentioned) (Republic of Croatia, Ministry of Science, Education and Sports, 2008).

On the other hand, National Curriculum refers to children recognized as having any kind of developmental problem as *children with special needs* (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014).

### **2.2.3 How to refer to these children?**

Diagnosis per se, may reveal little about the everyday functioning of the person, i.e., diagnosis does not predict functioning (Lillvist, 2010). Disability is perceived as a social construct, i.e., an impairment that an individual possess emerges from the interaction between social and physical surrounding. The label of *disability* is more apparent to lead to

discrimination and exclusion (Gustavsson, 2004; Bhaskar & Danermark, 2006; Evans, 2008; Shikako-Thomas & Law, 2015). From a social perspective, by accepting people with disabilities, society can reduce or eliminate obstacles that these people face. On the other side, the medical model which is useful for gaining the right to treatments and support services brings along stigma, which even children in need of special support/with disabilities cannot avoid (Evans, 2008). Being labelled as disabled brings social and/or physical disadvantages that non-disabled people would not experience (Evans, 2008). This issue especially comes to light when children are the subjects. Labelling children or putting them under categories is mostly based in resource allocation and determination of eligibility for additional resources. In order to receive additional resources, children need to be assigned with the diagnosis (Lillvist, 2010) for which particular criteria need to be met. According to Gallagher (2014), disability should be understood as something contextual and created by society, instead of something absolute, existing independent of our actions.

Since the way we perceive disability affects our practice (Hollenweger, 2014) it is very hard to come up with the *right* concept. Recognizing differences brings different provision, but also stigma and devaluation. Non-recognition, on the other hand, leads to overlooking and ignoring individuality of a child (Norwich, 2014). Even if children perceived as disabled differ significantly in their interests and identity, there is still commonality in the experience they tend to go through which is closely related to oppression and discrimination (Priestley, 1998).

In this thesis, the concept that will be used is *children in need of special support*. In this way, the support provided from the social and physical environment is emphasized. Since Croatia is striving to inclusion, and the concept of inclusion alludes on the social model of disability (Kiuppis & Sarronmaa Hausstaetter, 2015) this concept was chosen. It puts the accent of disability being constructed within the society. Nevertheless, the concept 'children in need of special support' is perceived as reflecting the relation between the child and the environment, which is in line with the bio-psycho-social model of development in which, individuality is not being forgotten (Wachs, 2000).

## **2.3 PLAY**

Play is the primary occupation of childhood (Uys et al., 2005; Hamm, 2006; Sterman et al., 2016). It is the key indicator of a child's health, irrespective of the disability and their way of participation (Mâsse et al., 2012). Play is a infusing, pervasive human activity from the birth

until the age of twelve (Proning Fromberg & Bergen, 2006). Play has to be accessible, safe and should not lack challenge (Petrén et al., 2000).

Play has been recognized as an integral and crucial part of childhood and "nature's training for life". Nevertheless, children find opportunities for play in any kind of situations, even in those threatening life, e.g. war. Each play has to be intrinsically motivated, spontaneous, free from external sanctions and goals and self-imposed so it could accomplish its primary function: presentation of child's inner life (Else, 2009).

### **2.3.1 The importance of play**

Play can be viewed as a developmental domain in its own right or an activity base that serves for development of other domains of growth, i.e., physical, cognitive, communication, social, emotional and others (Lifter et al., 2011; Stagnitti et al., 2012; Starton-Chapman & Brown, 2015). During play, children pursue their choices and plans based on their experiences. Through play, children explore, ask and answer questions, solve problems, interact with peers and adults and consequently achieve learning and developmental goals (Sounoglou & Michalopoulou, 2017). Active engagement in play promotes learning among a number of developmental domains (Hanline et al., 2008): children explore objects and manipulation of the objects, learn about the environment and relationships. Furthermore, through play, children learn how to interact and practice skills necessary for the enjoyment of the activities and developmental growth; and learn about the cause and effect, reciprocity and interactions that foster positive socio-emotional development (Childress, 2011). Due to its flexibility, play can be used in multiple settings, serving as an occasion for social and communicative interactions with peers.

Play is intrinsically motivated resulting in child-initiated learning, i.e., during play, learning occurs naturally. It is a biological, psychological and social necessity, fundamental for the healthy development of the child (Brock, 2008). Play activities free children from the fear of failure and encourage them to try and explore more behaviours (King & Howard, 2016). Play is strongly linked to self-regulation, growth in memory, oral language, recognizing symbols, increasing literacy skills and other areas of academic learning (Bodrova & Leong, 2008). Play develops systematically with cognition: with increased knowledge about objects, children demonstrate more sophisticated play skills. Additionally, play is proved to be in line with metacognition, problem-solving, planning, creativity and symbolic representation, together with social development and social interactions (Lifter et al., 2011). Play allows children,

including children in need of special support, to participate in meaningful, age-appropriate activities, interact with peers and manifest functional behaviours (Martin et al., 2015).

### **2.3.2 The play of preschool-aged children - the influence of Piaget and Vygotsky**

There are many definitions of the child's play, its characteristics, and divisions. A significant contribution to the categorization of the play was provided by Jean Piaget, a Swiss psychologist, and Lev Vygotsky, a Russian psychologist, who focused their work on the developmental and social aspects of play, stressing it as the most important for the child's development.

Jean Piaget, the Swiss psychologist, gave his contribution to the understanding of the child's development by providing developmental stages that every child, at the approximately same period of life, goes through. He divided childhood into four phases, i.e., the sensorimotor period (0-2 years old), pre-operational period (2-6 or 7 years old), stage of concrete operations (7-12 years old) and stage of formal operations (12 years until the end of childhood) (Alao, 1981). Since the children that are in focus in this work are children of preschool age (in Croatian context those are children from three years old until the start of primary school, i.e., usually seven years old), the pre-operational period will be in focus. Piaget elaborated the concept of play intensively, conceptualizing it as a predominance of assimilation over accommodation of experience, emerging from the child's desire to give sense to the lived experiences (Göncü & Gaskins, 2012). One of the main characteristics of this phase is the development of symbolic function and symbolic use of the language (Alao, 1981); therefore the play type that dominates during this phase and the whole period is symbolic (pretend) play (Umek et al., 1999).

Symbolic play is very often referred to as pretend, dramatic, fantasy, imaginative, nonrepresentational (Jarrold et al., 1993), or make-believe play (Umek et al., 1999). Symbolic play is the ability of a child to use objects, actions or ideas to represent any other objects, actions or ideas in their play, e.g., to use a bucket for a hat (Umek et al., 1999). Symbolic play is especially significant for the development of thinking, memory, imagination, speech, creativity, as well as many other cognitive functions. It is essential for social skills development and attitudes as gender roles, adopting rules, socialization, cultural codes and customs and overcoming egocentrism (Petrović-Sočo, 2014). Symbolic play has a close relation to language development (Thiemann-Bourque et al., 2012; Stagnitti et al., 2012) and social competence (O'Connor & Stagnitti, 2011; Stagnitti et al., 2012). It is perceived that children diagnosed with

disabilities, e.g., Autism spectrum disorder (O'Connor & Stagnitti, 2011), mental retardation, hearing impairments, Down Syndrome and developmental/specific language impairments, have delays in symbolic play (Casby, 2003). Children in need of special support that lack the understanding to comprehend and produce pretend play actions tend to experience difficulties with pretend play more often (O'Connor & Stagnitti, 2011).

The Russian psychologist Lev Vygotsky characterized play as not subordinate to meanings, therefore not representing everyday activities. Vygotsky introduced the concept of "zone of proximal development" (ZPD) defining it as "the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers" (Vygotsky, 1978, pp.99). The concept 'zone of proximal development' summarizes the importance of learning in play since, as he states, during play, the child is 'a head taller' than him/herself. During play, the child elaborates meaning and practices roles that do not occur in real life (Nilsson & Ferholt, 2014). During play, children are involved in imaginary situations, with explicit and implicit rules, and they achieve a greater degree of self-regulation since the rules of the play determine their actions. During play, the level of children's concentration and application to the task are much higher than in academically directed activities led by educators (Dolya, 2010).

The difference between Piaget and Vygotsky emerged from the fact that Piaget placed the child and developmental instances in focus, excluding social influences (Lambert, 2000). Vygotsky, on the other hand, conceptualized, especially symbolic play, as a social activity during which the particular motivations of play emerge from children's experiences in the social world (Vygotsky, 1966). Both scientists recognized the importance of the symbolic play for preschool-aged children, with an accent on that play being social (Göncü & Gaskins, 2012). However, neither of them elaborated social pretend play more in-depth.

The most significant contribution in the categorization of the social play gave Mildred Parten (1932) who divided children's social development into three levels: non-social activity, parallel play, and the true social interaction. Non-social activity, according to Parten, occurs through unoccupied, onlooker behavior and solitary play. Parallel play that is a limited form of social participation occurs through children playing side-by-side with similar materials, without verbal comments related to the play activities. Lastly, true social interaction includes associative and collaborative play. In the associative play, children engage in separate activities which they

comment with the other children, while cooperative play refers to acting together towards a common goal (Xu, 2010).

### **2.3.3 Learning to play**

The problems that children in need of special support experience during play, usually are parallel and correspond to difficulties in other developmental areas (Hamm, 2006). Play is linked to social and emotional development, the growth of the language and motor skills, problem-solving and creativity (Casby, 2003; Kim et al., 2003; Hamm, 2006; Thiermann-Bourque, 2012), therefore is considered to be very important for early interventions (Hamm, 2006). Play-based interventions are found to be an excellent method for supporting and promoting development of play and child's functioning (Lifeter et al., 2011) with positive developmental outcomes. Though play much can be revealed about the child: play can serve as a base for many valuable developmental assessments and intervention strategies (Casby, 2003; Barton & Wolery, 2008).

Teaching children to play is essential for many reasons: since it is flexible, it can be used in many settings. Play serves as an occasion for socialization and communication with peers; offers a foundation for the development of the leisure skills and serves as a context in which interventions can target other goals and skills as well. Furthermore, it offers an instructional opportunity for acquiring, maintaining and improving other skills and increasing the likelihood of learning in natural inclusive setting, especially considering its connection with the development of language and cognition (Barton & Wolery, 2008). Teaching children how to play and achieve improvements in the domain of it will positively affect language, social and cognitive skills and other abilities (Starton-Chapman & Brown, 2015)

### **3 AIM AND RESEARCH QUESTIONS**

The aim of this thesis is to investigate play of children in need of special support with the accent on factors that affect play. The following, three research questions are used to get in-depth insight into the topic:

1. What characterizes play of preschool-aged children in need of special support?
2. What facilitators for play do parents and educators of children in need of special support perceive?
3. What barriers for play do parents and educators of children in need of special support perceive?

### **4 METHOD**

This study was conducted as a qualitative study, with a grounded theory approach. Grounded theory serves as a means of collecting and analysing data in a systematic manner in order to generate patterns in the social context (Engward, 2013). The focus in grounded theory is on the phenomenon that is intended to be studied, i.e., play in this case (Creswell & Poth, [2018]). Grounded theory adopts a naturalistic view of the human action within context (Engward, 2013). Social phenomenon is explored through experiences of the people, i.e., subjects, and the presence of the specific issues and the individual's ways of addressing those (Creswell & Poth, [2018]).

Grounded theory is a systematic, comparative and inductive approach to conduct an inquiry which has the purpose of leading the researcher to examine all the possible explanations for empirical findings gradually. Grounded theory, therefore, should be understood as modifiable and not fixed, definitive statement (Leavy & Bryant, 2014).

#### **4.1 PARTICIPANTS**

Theoretical sampling is typical for grounded theory and can be defined as the process of collecting, coding and analyzing data in order to generate an explanation or a theory about a phenomenon. It is characterized by choosing groups in which individuals through their perspectives bring new insights about the phenomenon (Flick, 2014). Since the phenomenon in focus in this study is the play of children in need of special support in the ECEC context,

preschool educators and parents are the ones that can contribute the most in examining this specific phenomenon. Due to ethical considerations, children themselves and peers were excluded from the study; however, children's main advocates, i.e., parents, one father and six mothers; and preschool educators of the same children are chosen as subjects. The reason for this lies in the fact that parents and educators are persons that are committed to the child the most (Bronfenbrenner, 2005). The focus is especially put on mothers as the ones that through extensive observations of their child in a variety of everyday settings possess valuable information about the child's unique behaviours, including play (Malone & Landers, 2001). Educators, on the other hand, possess theoretical and observational knowledge that is valuable for this study. The only criterion regarding the educators for this study was that, apart from having a child in need of special support included in their group, was to have at least five years of working experience in the ECEC. This criterion is critical for this study since in that period, educators could gain experience about play through observations of many children and have the competency to compare and reflect over play of children in need of special support and play of TD children. Gender of the educator was not perceived as important; however, all the educators in the study are women. Participants were recruited in ECEC institutions in the Croatian second largest city, Split. It is believed that data regarding children in need of special support's play can gain fuller richness through comparison of parents and educators, both in between those groups and within the groups.

## **4.2 INSTRUMENT**

The interviews for this study are being made as semi-structured interviews with a few broad interview questions, characteristic for grounded theory (Creswell & Poth, [2018]). The broad questions narrowed down according to emerging data in relation to the phenomenon in the centre, i.e., the play of children in need of special support. Brief interview protocol consisting of warm-up questions that differed for parents and preschool educators; and wide, open-ended interview questions which were the same for both, parents and preschool educators are presented in Appendix A. Open-ended question from the protocol were complemented by further questions that emerged „at the place". All the parents and educators were asked the same questions, and due to the richness of the answers, additional questions were not needed despite the willingness of the participants to be contacted as much as the researcher needed. Both main, open-ended broad questions, together with sub-questions were liable for alternations; therefore

some were excluded due to participants answering them through responses to other questions while some were added at the place.

Table 1

*Characteristics of the children in focus*

Children	Age	Gender	Diagnosis	Interviewed parent
Child 1	7 years old	Boy	ASD	Mother+Father
Child 2	6 years old	Girls	ASD	Mother
Child 3	6 years old	Boy	Difficulties with communication with attention deficit and missing verbal expression	Mother
Child 4	5 years old	Girl	PDD-NOS (not official)	Mother
Child 5	4 years old	Boy	Difficulties With communication With attention deficit And missing Verbal expression	Mother
Child 6	4 years old	Boy	PDD-NOS	Mother

## 4.3 PROCEDURE

### 4.3.1 Recruiting

To approach the participants, the ECEC institution's principal was contacted through e-mail with the explanation and purpose of the study and requested to allow the study to be announced in the institution. The institution served to reach the participants, i.e., educators (N=5) and parents (N=7) of the same (N=6) child in need of special support included in the ECEC institution. To reach the participants convenience sampling was used. First, preschool educators known to the researcher that had a child in need of special support included in their

groups (N=3) were asked directly to participate in the study with verbal and written description of the study. The preschool educators known to the researcher accepted to take part in the study and were asked to recruit parents of the children in need of special support included in their groups to participate as well. The preschool educators were given a written explanation of the study to spread it to the parents with a brief description of the study, the aim, a short description of the process of the research and contact information of the researcher, presented in Appendix B.

Parents and educators were given a choice to choose the mode through which the interview should take place, i.e., Skype, Viber or WhatsApp, either as a phone-call or a video-call, at the time that was convenient to them, were used. As well, parents were given the option to either give educators their phone contacts so the researcher could contact them and arrange further steps or to contact researcher themselves. The remaining two preschool educators and parents were recruited through snowball sampling. One of the educators presented the study to the educators she knew had a child in need of special support included in their groups and the remaining two educators agreed to participate and ask the parents of the children in need of special support from their groups to take part. All seven parents, i.e., six mothers and one father of the children in need of special support agreed to take part in the study. Four parents gave phone contacts to the preschool educators to forward it to the researcher, while two of the mothers contacted the researcher themselves, stating their willingness to participate. All the participants received written consent translated into Croatian. Consents were sent through the preschool's e-mail to the preschool educators who spread it to parents, signed it, and together with signed written consent from the parents who returned it to the educators once signed, and scanned it and sent back to the researcher.

#### **4.3.2 The interviews**

At the beginning of every interview, the voluntary nature of participation was assured together with the repeated purpose of the study. Interviews took place through WhatsApp call (N=8), Viber call (N=2) and Viber video call (N=2) in which the participants were asked the interview questions presented in Appendix A. Those questions were enriched with additional questions added after the urge for them was recognized. At the end of the interviews, the participants were asked if it was appropriate for the researcher to ask for additional data later if it was necessary, i.e., could they be contacted additionally (stated already in the written consent), to which all the participants responded with willingness. After collecting initial interviews, they were transcribed in Croatian within two days of obtaining them, translated into English whereafter

data analysis started. During data analysis, the richness of the data collected was recognized and no further information was perceived as needed, and, therefore participants were not contacted.

#### **4.4. DATA ANALYSIS**

Data analysis was done with the help of the Open Code 4.03, a tool for coding qualitative data, initially developed for Grounded theory methodology with easy usage of assigning codes to text divided into lines, merging codes into categories through two stages synthesis and taking memos (ICT Services and System Development and Division of Epidemiology and Global Health, 2013). Coding started with open coding: finding codes in text divided by programme into rows; continued with axial coding during which comparison of the codes was done which finally led to selective coding in which theory emerged (Flick, 2014). During open coding, important concepts were denoted, i.e., characterization of the play of children from the sample was found to be the most relevant therefore served as a central category. During axial coding, rest of the categories were compared. It has been noticed that parents and educators through talking about children's everyday life, presented all that directly or indirectly affects children's play and their everyday functioning, either positively or negatively. According to that, other categories were formed and served as a detailed subcategory for the central one.

One of the characteristics of the grounded theory method is that analysis and data collection work parallel, i.e., during data analysis of each interview, memos were taken about the codes and matched, i.e., interrelationships among codes within one interview and interviews between one another was noticed. Memos were taken into consideration as an enrichment of the codes, i.e., categories to gain "full picture" of the central phenomenon (Engward, 2013; Leavy & Bryant, 2014). Once all the earlier findings were confirmed, and nothing new or significant was found, according to the researcher, interviewing and data analysis was finished (Leavy & Bryant, 2014). The results of the analysis will be discussed in relation to existing literature.

#### **4.5 ETHICAL CONSIDERATION**

Ethical considerations regarding research emerge in every phase, i.e. prior to conducting, beginning of conducting, during data collection and during analysing data (Creswell & Poth, [2018]). To make this research ethical, steps according to DePoy (2016),

Flick (2014) and Creswell & Poth ([2018]) were followed. First of all, approval from the institution, i.e. principal of the institution was asked and obtained. Participants were given the written form of the brief information about the researcher and the purpose of the study. Understanding of the study was perceived as positive the moment participants accepted to take part. Participants were explained that their participation is strictly voluntary, both in written form and verbally reminded prior to interview. The researcher respected situation, culture, sensitivity and the study itself by not disrupting the process, i.e. not interrupting participants during talking. Trust was built between the participants and the researcher through discussion of the purpose, avoiding leading questions and avoiding disclosing sensitive information. Very important, imbalances in power were respected, i.e. leading questions, sharing personal impressions and disclosing sensitive questions were avoided. After collecting data, participants were asked if they wanted to contribute to the production of the results, which will be reported honestly without presenting only positive data, i.e. realistically. As well, they were asked if they wanted to receive the final version of the study. Regarding privacy of the participants and the institution, their names and any other additional information were not published. Furthermore, obtained data will be stored securely for period of 5 years from the conducting of the interviews, on researcher's personal device (APA, 2010).

Finally, the most substantial ethical issues in this case, which was explained to the participants in the written consent form, was the fact that interviews were made through phone/video call using internet connection. Namely, the internet sphere is very unsolid ground, however, this was tried to be ruled out through conducting conversations in private and not using the names of the children and participants. Nonetheless, during the interview, especially if vulnerable groups are involved, there is a possibility of negative emotional reactions emerging. Despite the fact that the topic itself is not perceived as emotionally disruptive, one thing could lead to another, and, especially parents, in this case, can react negatively emotionally. This issue emerges as problematic since the interviews are being made through phone/video call and direct consolation is not possible to be given. However, parents were advised to stop the interview if they felt overwhelmed or could not answer the further questions. Additionally, they were offered to talk with the researcher about their worries, independent of the interview, or talk to the preschool educator.

## **4.6 VALIDITY AND RELIABILITY**

### **4.6.1 Validity**

Validity refers to the “appropriateness” of the tools, processes and the data (Leung, 2015). The choice of grounded theory as a method to approach this phenomenon, using theoretical sampling, modelled by the ongoing process of data collection, well-documented interviews and process of analysis mainly through memos contributed to the validity of this study (Creswell & Poth, [2018]). Furthermore, demonstration of the saturation of the categories, providing verbatim transcriptions (on demand), supervisor’s occasional checking and performing literature review to detect gap in relation to the phenomenon in centre (Whittemore et al., 2001) served as confirmation of the validity of the study. For the purpose of this study, investigators triangulation (Flick, 2014) was used in terms that the final results of the analysis were checked by, apart from the researcher, the supervisor. Lastly, validity of the study was improved through taking perspectives of both, parents and educators in order to gain deeper insight into the phenomenon investigated.

### **4.6.2 Reliability**

Reliability refers to the quality of the recording and documenting data (Flick, 2014) for the purpose of the exact replicability of the process and the results (Leung, 2015). Reliability of this study has been achieved by assessing categories developed during open coding with other passages. As well, writing memos which can be requested from the researcher contributed to achieving reliability by showing transparency of the results. Additionally, very detailed documentation of the research process stand for the reliability purpose (Leung, 2015). Furthermore, dependability was achieved through detailed and conscientious memos making, reconstruction of the data and results according to the structure of developed categories, findings and reports that integrated concepts and linking them to the adequate literature (Flick, 2014). Lastly, transferability of the study was achieved through detailed description of the method and results parts.

## 5 RESULTS

Data analysis showed that parents and educators tended to compare, either the child with other children, of TD or with other children in need of special support, with siblings or comparing different forms of activities they are included in. Children from the sample vary in age and functioning: they have different needs, different abilities, different developmental tempo, different reactions and receive different treatments. However, all the children display problems in relation to play. During comparison, many things showed to have a facilitating or inhibiting effect on the child's functioning, especially in the domain of the play. The results will be presented in line with the research questions, i.e. what characterizes play of children in need of special support and what are the facilitators and barriers for play.

### 5.1 CENTRAL PHENOMENON: PLAY OF CHILDREN IN NEED OF SPECIAL SUPPORT

Both parents and educators described that all the children displayed atypical play-development early, and very often play being without content or sense:

*“She has three little Fifi dolls with which she the most- that is her play material... With which she is playing the most, like... She, to those dolls, is talking something in her language, sings... Incomprehensive, totally, to anybody of us, in language... And then we have that draw-well and then, after those stories, it always follows the same thing... She tells that stories, songs, what she has to that dolls, in her head, I don't know what is she saying to them... And then she is throwing them into that draw-well, the same as with other objects... She has two CDs that also: a boy and a girl are drawn on them and she is looking at that. She puts them on the draw-well and then she is observing, like...”,*  
(Educator).

All the children usually tend to play with the same toys over and over again, i.e., have restricted choice and use of play material. Dominating play material for boys are vehicles and bricks or Lego®. Girls mostly play with dolls, in the same manner, however, in very specific, atypical way:

*“She will take maybe some little doll. I have never seen her taking that big, bold dolls and played with them. She would take these little dolls that you put on your fingers to make shows, but that play didn't have sense. She would just take it and put somewhere, she would get mad when somebody would transfer those dolls to another place.”,*  
(Educator).

The parents and educators express that the children engage in play, i.e. from functional to symbolic, however, in simple forms and starting late. All the children passed the period of functional play. All children demonstrate symbolic play, however, weak and mostly through imitation. Boys seem to display construction play. None of the children have developed play with rules. Some of the children use board games, however, playing alone, in their own way.

Younger children from the sample, very often, spend time non-playing in ECEC, e.g., observing other children wandering around. As reported, children predominantly display solitary play and practice repetitive actions, e.g., build-crash, throwing objects in the same manner or same similar sequences of the play actions. Sometimes children display parallel play, in which they play next to other children, sometimes with the same play material, however without any contact. Apart from the oldest child, the children do not show collaborative, i.e., interactive social play; or verbal play. If it comes to group/pair play, they show the tendency of leaving the play after a short time. Their play misses spontaneity and is somewhat stereotypical. When they are genuinely interested in something, they tend to stay in it longer and bring the play to an end with the rise in complexity, creativity, and consistency.

## **5.2 FACILITATORS FOR PLAY OF CHILDREN IN NEED OF SPECIAL SUPPORT**

These children have characteristics that work supportively for their play development. Absorption of the new information or situation, the rise in the acceptance of changes, roles and rules, being approachable and observing other children's play has a facilitating influence on their play.

Parental application of advice and suggestions, self-education how to improve children's functioning, respecting children's preferences, adapting to children's preferences, providing adequate toys, space and enough outdoors play serve as facilitators of the play. The verbal

support, presence during play with other children or simply being playmates to children supports play. Mothers mostly spend time with children on the carpet:

*„And then I looked at my knees which were pretty like harmed from the sliding over the floor, over carpet... Therefore we are, actually, like, on all fours... The most commonly, we are either sitting on the carpet or playing in... But, on all fours it always ends to be!"*  
(Mother);

A father reported mostly playing with the child in a physical sense:

*„I love to play with him very much and I play- I get down, what is said, to his level... And then I chase him as if I was a scary lion and he runs around the playroom in front of me and so... Or we play football or anything else... And he loves, he loves when I am in the play because he feels, I guess, somehow safe or I don't know what... And then invites other children to come... And he likes that I am there..."*

Providing children with safe harbour, love, and affection and respecting their rhythms supports play. Offering objects in eye-level, supporting their relations with the siblings, breaking the predictability, keeping children away from the modern technology and engaging children in traditional forms of play, together with the parental encouragements to persist in the play facilitates play.

Educators' acceptance of the children and preparation of the rest of the group for welcoming these children, especially in the play situations:

*„I never mention it! Through all kinds of stories, you know how we nicely „pack“ everything, but children know! And there is the play very important for me!"* (Educator),

serve as facilitators for these children's play. Adaptation of actions to these children's preferences, adopting and enriching the space and the toys, assuring variety, following children's play, intervening when needed and directing child towards other children or vice versa are actions with positive impact on the play. Staying aside from the children's play, however, occasional involvement in the play, serving as a behavioural role model, engaging children into play and providing children with physical support positively affects play

development. Levelling play and learning, implementing everything through play, persisting in demands and expectations towards children and redirecting children's attention during play have been shown as further positive factors. Reading the child, predicting their reactions, reacting in line with the predictions and provision of verbal support appeared as facilitators to children's play, as well.

Co-living with the siblings naturally brings substantial effect on one another. Acceptance between the child in need of special support and the sibling(s), motivation, inclusion of these children in the play, initiating play, organizing play, inventing play, explaining rules to them and leading the play are shown to be positive sibling's influences, as emerged from the data parents reported. Play in ECEC and outdoor play occurs together with presence of peers. Educators reported peers' acceptance, adaptation to these children, role-modelling, helping, leading, organizing, initiating play, establishing communication and maintaining play with them have been found as a positive actions targeting play. Sensitivity towards these children and adequate reactions to their functioning and behaviours are found to be factors positively affecting children's play. Regarding special ECEC institutions, constitution of the group one educator-five children, a male educator working in one of the special ECEC and toys in special ECEC institutions were found to have facilitating influence on play. Therapeutic sessions, the feeling of comfort and good relations to the therapists have been found as facilitators in the rehabilitation centres.

Very satisfying relations between parents and educators, open communication, acceptance of the suggestions and opinions; discussing all the actions, agreement over adequate solutions, providing feedback about the child and collaboration for the best interest of the child are perceived as a facilitating factors for the child's play. Feeling of acceptance, accepting suggestions and providing feedback between parents and ECEC institution positively affect child's play. Professional recommendations and instructions to parents rehabilitation services provide, acceptance between both parties and provision of the feedbacks were found to be facilitating factors for play. The same factors were found in relation parents and special ECEC institution. Instructions special educator provides to the educators, empowering and strengthening educators positively affect play. Constant feedback and good collaboration affect the play in relation educator-ECEC institution. Combination of the two approaches provided, i.e., group work in the regular ECEC and individual approach within rehabilitation services was found to have facilitating effect for the child's play. Work in large and small groups that regular and special ECEC institution perform affecting child's play positively by causing

generalizations of the learned. Adequate estimation of the child's preparedness for school by ECEC institution serves in favour of the play of these children.

Single parenthood, possession of a dog, unemployed mothers, both parents being at home and the existence of the sibling were found to be facilitating factors for children's play within family characteristics. Age-heterogeneity and age-homogeneity of the groups were found to be both facilitators and barriers for these children's play, regarding factors coming from the ECEC group formation. Variety of offered activities, using the whole room, adopted furniture and positive climate have a positive effect on their play. Presence of the other children in need of special support has been found to be facilitating factor for one child's play, as well. Assuring adequate, full or partial, inclusion; adequate space, the adaptation of the plan and programme and equipping surrounding support play within ECEC institution. The advantage of enrolment assigned to these children and the right to play assigned by United Nations Convention on the Rights of the Children (UN CRC) Croatia ratified were found to be facilitators for these children's play arising from the legal policies. Provision of inclusive education and funding directed towards adaptation of the space and ECEC surrounding made by local authorities positively affects children's play. Play facilitating neighborhood refers to the existence of play sections on beaches and city parks, together with closed playrooms. Physically and attitudinally supportive neighbourhood and family friends with children are found as facilitators for play. Popular cartoons and usage of the apps with therapeutic purposes are perceived as facilitators for play in relation to technology.

Perceiving play as a social occasion, realistic attitudes towards children's play, realistic perception of children's actual abilities and awareness about the roles educators and parents have towards children are stressed out as facilitators of the children's play. Appreciating childhood has been registered from both, educators and parents. Parents stressed the importance of the "*child being a child*" (Parent) and cherishing the "*wisdom*" (Parent) and importance of play support development of the play. Parents described play as "*best recipe*" (Parent), "*de-blocking*" (Parent), "*beneficial*"(Parent), "*infallible part of the phase they are in*" (Parent), "*absolutely necessary*" (Parent), as "*fun*"(Parent), as "*relaxation*" (Parent), as "*a mean of education*" (Parent), as "*a mean of dreaming*"(Parent), as "*future*" (Parent), as "*an interaction*"(Parent), as "*a movement from everyday life*"(Parent) and as "*a positive emotion*"(Parent) reflect play-facilitating attitudes. Furthermore, believing play "*having big meaning*"(Parent), being "*irreplaceable*"(Parent), "*wonderful*"(Parent) and as serving "*for overcoming weaknesses*" (Parent), reflecting positive attitudes towards play. Educators showed

positive attitudes, however, differently than parents. Educators' description of the play as "Bible" (Educator), as "a base"(Educator), "a basic tool" (Educator), being "the core"(Educator), being and "one joy, one gladness" (Educator) reflect the importance of the play from the practical standpoint. Perceiving diagnosis as important was found to be both facilitator and barrier:

*"When you get that kind of child, everybody writes that the most important is the socialization, and the question is, God, how to, when the diagnosis is like that... How will you? Do you get me? How will I?"* (Educator).

Perceiving ECEC as a provider of the variety of play opportunities and believing in the importance and strength of peer-modelling, serve as a play supporting attitudes. Perceiving play as the main activity for the children and need for the avoidance of the school content in the ECEC supports play development. Perception of the specific child's characteristics, e.g., over-acceptiveness or child having rich inner world emerged as facilitators, or as barriers, e.g., "old lady in the girl's body" (Parent). The attitude that play targets other skills and vice versa, the attitude that everything should be done through play, the negative attitude towards modern technology and the amount of time children spend in the play nowadays are found to have facilitating effect on the play as well. Perception of adults' role as playmates with occasional interventions, as well showed to be a facilitator. The religious approach to the child's difficulties, perceiving summer conditions as play supportive and the cherishment and existence of old traditional games are found to be positive cultural influences for children's play.

Children spending the majority of their days in the play is facilitating factor for their play together with the more extended stay in the ECEC. Time spend in the therapies and rise in the occurrence of those are perceived as facilitating factors. The age of the children, together with the period of inclusion are perceived as facilitators for children's play. Start of the extensive observations made by the professional team over a longer period of time affects children's play positively.

### **5.3 THE BARRIERS FOR PLAY OF CHILDREN IN NEED OF SPECIAL SUPPORT**

All the children have communication issues, i.e., problems with verbal expression, where speech either exists is poor and agrammatic or completely missing which is perceived to

be the biggest barrier for their play. Stubbornness, not accepting suggestions or material during play; persisting in own, inadequate, ways of playing or aggression reflecting in random hitting or biting people in closest surrounding emerged as barriers to play of these children. Tactile sensitivity, avoiding floor, avoiding physical contact and visual and auditive sensibility causing frustrations were stressed out as negative factors affecting play. Furthermore, ignorant behavior, physical distancing, disobedient behaviors, impatience and lower level of attention showed to have an inhibiting effect on children's play. Awareness about the "flaw", non-responsiveness, overreliance on adults, lack of attachment, lower physical capabilities, self-centeredness, restricted preferences and prioritizing other activities over play emerged as barriers to accomplishing play. Bad self-initiation, non-adopted approaching vignettes, low tolerance to frustration, impossibility to settle, comfort issues and stereotypical actions some of the children demonstrated, were reported as a barriers to play. Inappropriate emotional expressions, missing eye-contact, certain fascination and obsessions and the need for predictability were stressed out as negative factors.

Parental tendencies to make extensive offers, lacking ideas how to improve play, losing the will to amuse the child and not knowing how to approach together with and feeling of incompetence serve as barrier:

*„I don't like that and then we need to think what we will do with her! What to do with her? What to do with her? And that exhausts you psychologically! It would be easier if that was a normal child that would take a Barbie doll, I don't know... Some kind of... Play so she plays herself, around you... Around your legs, and you are happy... Well, it's not like that! There...", (Parent).*

The constant presence and adding additional activities in the child's busy schedule were found to have an inhibiting effect on the play as well. It emerged educators as well, face problems during their work in relation to play, which differ from the ones of the parents. Impossibility to react adequately and on time, impossibility to contribute to the child, occasional dictating tempo, insisting on personal ideas and preferences, lower expectations towards children's abilities, ignorant behaviour and provision of the negative feedback emerged as barriers to the children's play. As well, educators' feeling of discouragement to approach these children:

*“Because we were, as if we were spinning in the circle!... And we always thought somehow that we are not doing enough! I, personally, was wondering often am I serving to something good here, at all? And did I do anything good with her, or with the other children with difficulties that were there?...”* (Educator), negatively impact the play.

In relation to siblings, too big age difference between siblings and constant imposing were found as barriers. Peers' non-sensitivity to these children and different interests peers have are perceived as barriers to play.

Regarding the special ECEC institution, putting an accent on the therapeutic sessions and one-on-one approach emerged as barriers to these children's play. Space and toys being mainly adopted for therapies and common absence of some children from the group have been found as barriers to play. In relation to the rehabilitation services, one-on-one therapies in excluded settings and lack of therapies are perceived as barriers to this children's play.

The only thing that emerged as negative in relation parents-educators was reporting only specific activities to the parents, and vice versa is resulting in lack of knowledge, especially in the domain of play of the child. Non provision of the helper to the educator, i.e., another educator or an internee, is found to be a barrier emerging from the relation educators-ECEC institution. Early morning therapies in the rehabilitation centres and the clash between the therapies and the ECEC stay perceived as a barrier to children's play in relation ECEC institution-rehabilitation services. The ECEC programme working intensively on preparation for the school and the indirect pressure school puts on the ECEC institutions about the elaborated content been found as a significant barrier to the children's play in relation ECEC institution-school.

Negative factors among family characteristics were found to be the existence of the other children of TD in the family. In relation to the ECEC group formation, size of the group has been found to negatively affect the play. Accent put more on the artistic or other activities and fulfilling the worksheets occurred as barriers to the play together with the non-resolved inadequate play occasions, e.g., chaotic play.

Determination of the stay for children, too big groups formation, inadequate inclusion, shortage in the number of employees, not assigning internee or the assistant to the child and preschool programme popularly called "little school" were found to be barriers for play created

by the ECEC institution. A state plan for 2019 about preschool programmes and partial inclusion serve as barriers for play created by legal providers, as reported by educators. On the other hand, parents reported issues with the local authorities creating barriers to these children's play through the common lacks in funding, non-adequately adopted surrounding, funding lacks in delivering free therapies or declining placement within the ECEC. In relation to schooling system, the accent in the first grade being put on learning specific content; school time spent mostly sitting, bullying and other ways of abusing; and lack of socio-emotional development emerged as negatively affecting play. Prescription of rare, short-lasting therapies has been found as negative factor for the children's play in relation to social services delivery. Prioritizing time spent using technology devices, obsession with TV in case of one child, repetitive actions certain videos produce in these children and cartoon characters' influenced imitations serve as barriers for these children's play, caused by technology.

Educators having to “*fight the modern sensations*” (Educator), i.e. influence technological inventions have on children, or perceiving themselves as sometimes not competent enough emerged as attitudinal barriers for these children's play. Believes that parent's lack the time to play with children nowadays due to working hours has found to be barrier for the children's play. Play being “*meaningless*” (Educator) and perceiving other activities and content, e.g. rhymes as more important were found to be barriers to the children's play. Feeling obligatory to play with the child as a parental, but demanding, task was found to be barrier to these children's play. Distrusting these children's abilities:

*“I don't know what to say, like... I hope she will also, like... At least a bit improve: at least in that, kind of, like... At least in that play, in that world of hers... I don't know, will she build it on a bit, wide it a bit... And interactions with other children... I would like to leave with that, at least to be a bit of that... But, I cannot now say... I don't know... She has been here for too short time... I don't know, really... I hope but... I don't know what to say...”* (Educator),

Believing that educators cannot play with the children due to conditions in which are working has been found inhibiting, as well. Perception of the children asking for loneliness due to technology or perceiving inclusion as a not adequate solution for these children into mainstream institutions were found to be barriers. Having lower expectations towards these children, and naming educators “*teachers*” (Parent) negatively affects the play of these children. Perception

of the appropriate/inappropriate behaviours, bad weather conditions and orientation to knowledge already from the early ages are found to be culturally affected barriers for play development. As well, perceiving play as a girl or a boy type of play do not work in favour of their play.

Need for a longer time to adopt, understand and elaborate things and relations serves as barriers to the children's play in relation to time. The amount of time children spend in each institution they are included and the ratio between them affects children's play development. Amount of the time spent in the ECEC is mostly perceived as a barrier together with the attendance in the specific part of the day, i.e., during the afternoon.

## **6 DISCUSSION**

Results present the current situation regarding play of the children in need of special support in Croatia. Many factors emerge as affecting the play positively and negatively. All six children from the sample show issues during play, they all have in common communication and socialization issues, however, differ in the age, needs, functioning and treatments they receive. They are all included in the same ECEC institution that works as an inclusive ECEC institution. After summarizing the results about the play children display and the factors that emerged from the data, as reported by parents and educators, patterns between the factors and the children's play are noticed.

### **6.1 INCLUSION**

Croatian ECEC is striving to inclusion. National Curriculum for preschool education (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014) stresses inclusion as one of the central values of the ECEC in Croatia, reflecting humanity and tolerance. Clear standards for achieving inclusion are presented in the leading legal documents for the ECEC in Croatia. Many factors that emerged from the data in relation to functioning of the ECEC process, considering legal policies, local authorities, ECEC institution, rehabilitation centers and special ECEC institutions are found to reflect actions in relation to the inclusive education affecting play. If conditions for the inclusion fail, children's participation cannot be fulfilled. It emerged from the data that children tend to participate in play in the ECEC, however actual engagement in the social play, which has been largely stressed out, is rare. Therefore, logical step would be intervening in the domain of the social play. However, if the conditions for the social play are not satisfying, how can improvements occur? One thing led to another and it appeared that inadequate inclusion affects children's participation in play directly and indirectly. Namely, legal documents assign these children with the advantaged enrolment, however support partial inclusion (Republic of Croatia, Ministry of Science, Education and Sports, 1997) since at the start know that the conditions in majority of the ECEC are not adapted. On the other hand, according to European Agency for Special Needs and Inclusive Education's report (2016), in 2016 Croatia had no increase in spending on the inclusive education of children with and without an official diagnosis, despite those children's number increase. Legal approval of the partial inclusion serves as an argument to local authorities that in collaboration with the regular and special ECEC assign placement with the restricted stay in the ECEC. By assigning restricted stay, these children have harder time in establishing warm relations with the

educators, therapists and the peers. It has been found that children with secure adult-child attachment are more likely to perceive peers as fun and interesting play partners, enter social play and improve social skills (Howes, 2012) due to feeling of safety, therefore negative influence of the restricted stay becomes very clear. Furthermore, in order for partial inclusion to happen, less funding is needed in terms of the equipping surrounding or employing additional staff. Inadequate inclusion occurs through too big groups in which is hard to devote to the child especially since helpers to the educators and the children, e.g. assistants or interneers, are lacking. This common situation directly affects work of the educators that, despite the willingness and tries, cannot devote to the children as much as is needed, therefore issues with the play continue to persist. Inadequate inclusion furthermore affects the satisfaction of the parents with the whole educational process which reflects on their attitudes perceiving ECEC institution as “*park*”(One parent) or their children as being “*guests*”(One parent), therefore lowering expectations towards children’s abilities, possibilities for the improvements and the role of the preschool education. Children with developmental difficulties when engaged in structural play can demonstrate more complex engagement behaviors (Cress et al., 2007), therefore more of guided structured play should be offered to these children. In conditions that exist within Croatian ECEC this is not easily achievable, therefore, if the major changes do not occur in recent times, not much of the play improvements are to be expected.

## **6.2 LABELING**

Further prominent finding that emerged from the data is the labeling children’s conditions. As presented in the background, it appears all the institutions in relation to the children in need of special support are diagnosis-driven, i.e. the medical model of the disability is dominating. Very interestingly, to a question: "Can you, please, tell me something about the child?" half of the participants commenced their answer by stating child’s diagnosis. In a diagnosis-driven state, it appears to be hard not to observe everything occurring through the prism of the disability. Parents reported many children’s characteristics negatively affecting child’s play to be the consequence of the difficulty they have that "*spoils child’s (his) temperament*" (Parent). Nevertheless, the difficulty child possesses becomes more obvious when they compare TD children’s play with the play children in need of special support display. Both educators and the parents tended to compare, directly or indirectly, children in need of special support with other children in need of special support or, more often, with the TD children. It appears existence of the unified standards referring to the developmental and play

instances in which these children tend to *fall behind* affects the attitudes of the parents and educators. Parents and educators tended to use labels like "*normal*" (One parent), "*different*" (One educator) or "*not different*" (One parent) which put the accent on the differences children display. These comparisons usually end with the discouragement and feeling of incompetence among parents and educators that brag their play further down. For instance, in the Curriculum is stated how abandoning unique unified standards for all children is highly needed in respect to acceptance and honoring of diversity among children (Republic of Croatia, Ministry of Education and Cultural Hazard, 2014). However, constant comparisons and strives to bring the children to a TD-level does not reflect honoring of the difference. Probably the fact that their play differs so much from the TD children's play serves as a base for describing their play as "*meaningless*" or "*atypical*." On the other hand, term *meaningless* concerning play was reported among the parents by educators, with the different meaning. Namely, perceiving play as a meaningless activity, emerged evident when play was lined with the other activities, especially the ones in relation to school preparedness. It appears the trend of school content slowly entering ECEC institutions (OECD, 2017) caused by the indirect pressure school puts on the children, parents and ECEC staff; together with the ambitious parents (Bateson, 2012) does not bypass children in need of special support, as well. Enough evidence lies in the level of occurrence of the word "igra" (Eng. Play) during 56 pages of the Curriculum being mentioned only three times. Nevertheless, focusing on the academic content and putting the accent on the success pushes play aside which affects other domains of the children's development as well.

### **6.3 PARENTS AND EDUCATORS**

Parents and educators both brought different insights in the children's play. Namely, since ECEC presupposes higher occurrence of the peer's social play, while home serves for a social play more in relation to play with parents or one to two siblings, they mostly reflected over the different domains of the play. An interesting insight was gained through the description of their play material or several actions which are in close relation to gender determined toys and play actions. For instance, boys mostly play with the vehicles and bricks, perceived as "boy toys" while girls play mostly with the dolls, i.e., "girls toys." It is interesting to see how strong patriarchal culture dominating in Croatia affects even children in need of special support who are characterized with the restricted play material (Martin et al., 2012), but still choose it in line with the cultural beliefs. Through this toy choice, substantial societal

influence, especially regarding the parents and the educators is becoming more evident. Parent's perception of the play targets children's play (Malone & Landers, 2001); therefore attitudes of the parents that reflect in their actions are found to have a substantial effect on children's play. Namely, parents seem to perceive play primarily as a social act, as a main activity of the childhood, at least until the start of the primary school; and very important for their children, giving it the advantage before the academic content, until the certain age. Again, it appears that until the certain age they give children space to develop in their own rhythms through play, but in one moment strive to bring them to a certain level in line with the TD children so they could *fit the system* as much possible. Probably in this partly lies the reason of giving advantage to the therapeutic sessions before the stay in the ECEC, since development of certain characteristics by professionals is more important than free play within the group. Through therapies, developmental tempo is quicker and easier achievable. This issue arises from the culture in which *being different* is still perceived as non-desirable. It is nothing to be blamed; the society dictates norms of behavior and the curve of normalization; therefore any deviations affect the actions of the people. Despite the negative influences that society puts on these children and their parents, they display much more of the positive attitudes and actions concerning the play of children in need of special support; despite being hard to fight all the influences that attack them on a daily base. Through respecting children's preferences and rhythms, managing their lives and focusing on the positive aspects and improvements, redirecting them from the technology devices and perceiving small developmental steps these children display as meaningful, parents show the ability to fight the system and the obstacles that they find on the way for these children's play improvement. Parents of children in need of special support need support in the development of the play, i.e., need intervention to learn how to play with their children (Hamm, 2006) which are, as reported, provided to parents by professionals working with the children in focus. By targeting parents, direct impact on these children's play can be accomplished.

#### **6.4 TIME**

Lastly, the time has been found as a substantial factor in these children's development. According to Howes (2012), children who are longer included in peer groups tend to be more socially competent than the children that join the group additionally. Providing children with the prolonged, sustained stay within groups and balancing ratio between therapies and ECEC stay with the rest is curtail for these children. Nevertheless, since the oldest boy from the sample

is showing the most significant improvements, age emerged as a significant factor since children manage to, due to years, be included more in the therapies and within the ECEC group, which is most likely to facilitate their play development through targeting skills and abilities. The oldest child's improvement, together with the fact that the rest of the children practice parallel play which has been found as a transition type of play between solitary and social play (Xu, 2010), gives hope that social play will manage to fight all the obstacles presented above and once be developed in the cases of the other children from the sample.

## **6.5 METHODOLOGICAL DISCUSSION**

Grounded theory was found to be an adequate method for this study due to several reasons. Namely, focus in the grounded theory is put on the phenomenon that is intended to be studied (Engward, 2013), in this case, it was the play of the children in need of special support. The second reason lies in the exploration of the social phenomena through experiences of the people and their individual ways of addressing those (Creswell & Poth, [2018]) characteristic for the grounded theory. Since from the very start children were excluded from the study due to ethical reasons, their primary caregivers, i.e., parents and educators were chosen to give insight into these children's play since they have the most knowledge about it. Nevertheless, grounded theory should be understood as a modifiable instead of being fixed (Leavy & Bryant, 2014), therefore this study's further development is possible by adding views of the children, their therapists, peers, siblings and observations of their play.

## **6.6 LIMITATIONS**

Due to the distance between Croatia, where research has been done, and Sweden, in which study was elaborated, and restricted time period, i.e., the second semester of the academic year, twelve participants were recruited and interviewed for this study. Nevertheless, despite the fact the number is smaller than it is recommended, it is believed they are worthy representatives of the overall population in relation to the phenomenon investigated. It is recommended to have 20 to 60 participants (Cashwell & Poth, [2018]), so theory can have "solid ground". Sampling in grounded theory is usually determined by theoretical saturation, i.e., phase in which when responses given during later stages yields confirmation of the earlier findings, is time to end interviews and further sampling (Leavy & Bryant, 2014), however, that was not the case in this study. Participants were chosen from the very beginning and no

participants were added which affects the reliability of the study. The validity of the study is endangered no peer review was done, both during data analysis and in relation to the findings. Furthermore, including participants, i.e. parents and educators in this case, in data analysis process is recommended for the purpose of the validity of the study (Creswell & Poth, [2018]), however, due to distance between Sweden where analysis was done, and Croatia, where participants live, it was not offered as an option. Since the researcher herself did the translation process, not being native English and without reliable professional translation or, at least, check up by somebody adequate, that is found to be the limitation of the study, as well. Lastly, excluding children's voices from the study, since phenomenon in the centrum is directly related to them, or observations of their play, which is recommended as a method to enrich findings in grounded theory (Creswell & Poth, [2018]), apart from the interviews, therefore serve as a limitation of the study. The objectivity of the study, referring to the consistency of the meaning, when two or more independent researcher analyse the same data (Flick, 2014) is achieved when all the researchers come to the same conclusion. Objectivity of this study is brought into question since only occasional triangulation of the results from the researcher and the supervisor was done. Ideally, an additional person, in terms of peer review or similar, would be included into the whole process of analysis, however, due to handling own theses, no peer reviewers (peer master students) contributed to achieving objectivity. Members checks through communicative validation of the data and interpretation would be beneficial for accomplishing credibility of the study, however were not done.

## 7 CONCLUSION

The data that emerged present characteristics of play parents and educators perceived, together with factors that have influence on play of children in need of special support.

This study was done as a grounded theory study which is a method for collecting and analyzing data in a systematic manner to get a deeper insight and generate patterns in the social context (Engward, 2013).

It emerged that many factors, from the child's closer and the broader environment, affect their play directly or indirectly, as presented in Appendix D. Connections between certain factors were noticed, and it was recognized that they could be synthesized with the help of the bio-ecological model by Bronfenbrenner & Morris (1998) that recognizes the dynamic relationship between the child and environment. This model demonstrates the *top-down, bottom-up* perspective of play (Bronfenbrenner & Morris, 1998), visible through a visual representation of the findings, presented in Figure 1.

Microsystem refers to the child's closest environment, therefore, not surprisingly, actors from that system were found to have the most significant influence on the child, especially referring to parents and educators. The most comprehensive findings were that the educational and social systems in Croatia, fitting under the exosystem, have the most influential effect on the play. The systems in theory strive to inclusion, but in practice do not make it easier for these children to accomplish themselves through play. Not only these systems provide weak physical support for children's play, but through labelling and providing inadequate inclusion, promote the medical approach to these children's difficulties, creating an attitudinal barrier for their play. It emerged the systems affect all the other, more proximal factors, i.e., actors affecting children's play which, in the majority of the cases, ends up in inadequate assessment of the issue. The bio-psycho-social approach to children's functioning is highly recommended in order to remove the attitudinal barriers surrounding the child and give the *wind in the back* to all the actors affecting children's play.

More play interventions are needed to be provided to these children, together with the people in their closest environment, primarily referring to adults, i.e., parents and educators so they could support play development adequately. It is essential to assure adequate inclusion for children in need of special support, a most critical condition that can work in favour of play.

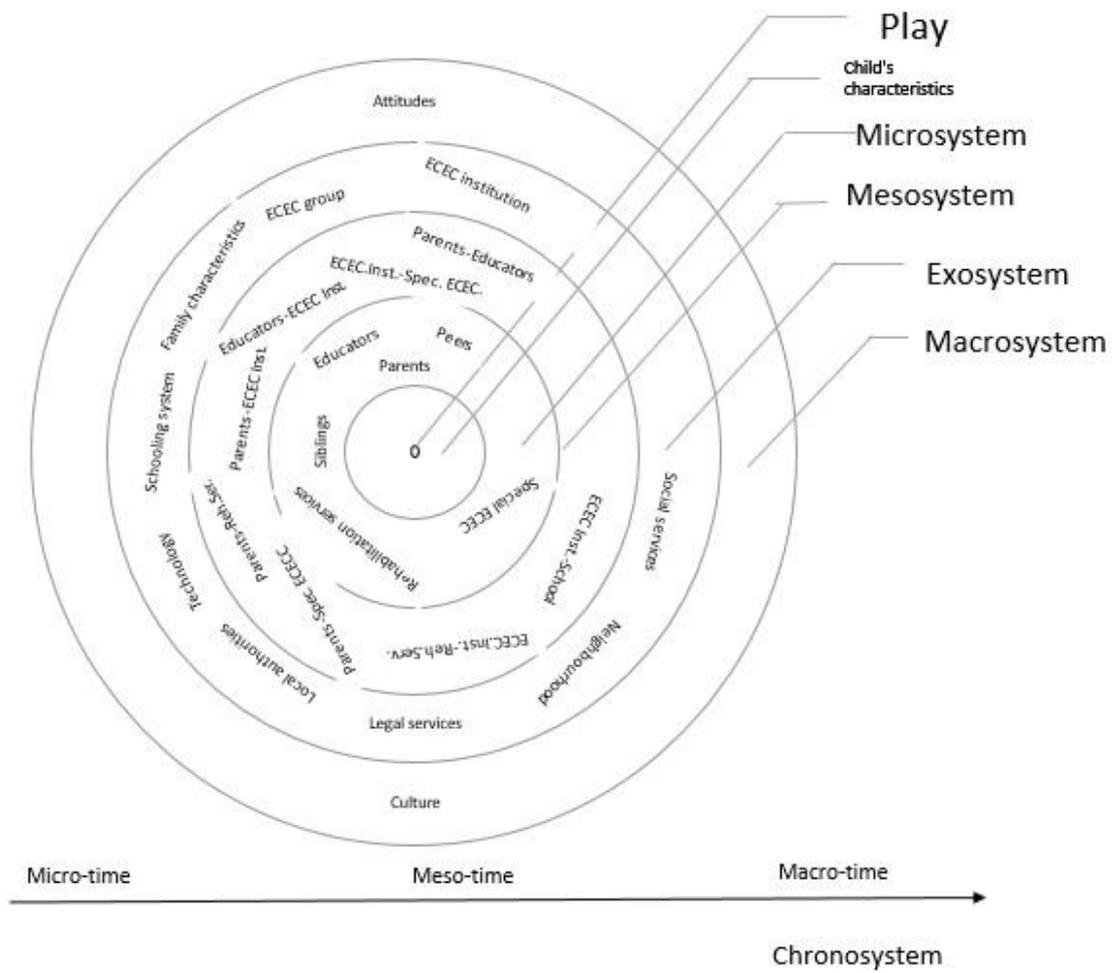


Figure 1

*Systems affecting play of the children in need of special support*

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## **APPENDIX A**

### *Interview protocol*

#### Warm up question:

-For parents

1. How old is your child?
2. Tell me something about your child.
3. What would you stress as the strenghts of your child?
4. How does your child mostly spend time at home?

-For educators

1. Tell me something about the child in need of special support in your group?
2. What do you perceive as the strengths of this child?
3. How would you describe enjoyment of this child in relation to the kindergarten?

#### Interview questions

1. How does a day in a kindergarten looks like for your child/child in need of special support included in your group?
2. How do you perceive play?
3. What would you say, what does play mean to your child/this child?
4. Can you describe situations in which your child/this child engages the most?
5. What things does your child/this child like to do in the kindergarten?
  - A) What does the child do very rarely?
  - B) What does the child do very often?
6. How would you describe this child's play with peers?
  - A) In which activities they engage together?
  - B) What characterizes these activities the most?
  - C) How do their interactions look like?
7. How do you perceive the role of adults in your child's/this child's play?
  - A) What characterizes this kind of interactions?
8. What is the role of early childhood education and care?

9. What is the role of the play in early childhood education?
10. How do you perceive play in relation to learning?
  - A) How should learning take place in ECEC context?
11. What should be changed or continued with in relation to your child/child in need of special support in ECEC context?

## **APPENDIX B**

### *Written explanation of the study*

Dear,

My name is Katarina Celic. I am an ex-worker in one of the ECEC institutions which a part of early education institution in which your child is included and I have specific inquiry for You!

First, let me introduce myself a little more! As stated above, I did my internship as a preschool educator in the early childhood education and care institution your child is attending. After one year of the internee training and national professional examination, I got my license to work as an independent preschool educator. However, since children in need of special support have been in my focus since the very beginning, I decided for further education in that direction. In 2016. I started with the Master studies in Interventions in Childhood in Sweden. Considering it is a two-year study programme, I entered the final stage of my studies where I am left with the master thesis. For the purpose of the completing master thesis, I have to do small research in the field of early interventions, i.e., special education in which I will be specialized. I decided to do the research in Croatia, i.e., more specific, in the institution your child is attending and ask my former colleagues for help. My former colleagues accepted to participate in the study, however, I need parents of the children in need of special support as participants too, therefore am referring to You!

Talking about the project I am working on: my master thesis is about the play of the children in need of special support in ECEC context. Play is developmentally very important and children in need of special support are recognized as in greater risk of developing problems in relation to it. So, you must be thinking what do I need from you? I want your perception about the play! The research would take the form of the interview (or even better said conversation) in which I would ask You approximately 13-14 open-ended questions about the specific topic. Duration of the interview would be approximately one hour. However, considering I am in Sweden and those ten interviews (five parents, five preschool educators), which should be obtained during the second half of the February, should, as well, take the form of the Skype, Viber or WhatsApp call/video call. i.e., in a mode most appropriate to You, in a time convenient to You! Of course, I would completely adapt to Your possibilities! Before the actual interview, I would ask you to confirm your will to participate and give your contact either directly to me, or to your child's educator! Once I get your contact, I will contact you for the further information!

Regarding the privacy, Your name and child's name will not be relieved anywhere. As well, no additional information about You, or the child are not needed and, if get mentioned, will not be relieved (apart from the eventual official diagnoses, if the child has it). Participation in this study is strictly voluntary, and questions are mostly general and related to your perceptions and attitudes. Important for me to emphasize is that the interview will be recorded for the purpose of the easier transcription and to shorten the time I take from you by not writing down the answers directly.

As stated previously, You can give your number to the educator or directly contact me (Researcher's phone number) if agree to participate! I am looking forward to collaborating with you! Hope to hear from you soon,

Katarina Celic

## **APPENDIX C**

### *Informed Consent Document*

#### **Research study for parents and preschool educators of the children in need of special support included in ECEC institutions in Split, Croatia: Informed Consent Document**

Research done by Katarina Celic, a student of Master in Child studies with major in Interventions in childhood with specialization in Special Education, Jönköping University Sweden

Hereby declares the participant to be aware of the following:

This study is conducted for the purpose of the master thesis.

The purpose of the study is to investigate the play of the children in need special support in ECEC context.

Results of the study will be published on the Jonkoping University library's web page ( <http://ju.se/library.html> ).

Participation in this study is voluntary.

The participant will be anonymous; the name of the participant, child in focus and the name of the institution will not be used and the participants will be assigned with a code.

Participants will be interviewed in a mode and at the time he/she prefers.

The participant can end being part of the study at any point in the research process without further consequences.

If the process becomes emotionally disruptive for the participant, the participant is free to stop the interview, talk to the researcher or somebody else he/she can rely on.

Participants are expected to answer the interview questions and, if want, take part in data analysis and bringing the results.

It is estimated initial interview will last up to one hour, however, participants will, if the need for that is recognized, be contacted again and asked additional questions.

Participation in this study does not cost money for the participant.

Participants will not receive any material reward.

Participation will happen several times: the first time the longest, any additional time shortly.

What is discussed in the research process, will only be discussed among fellow researchers or mentors and not to third parties who have no concern about the topic.

Data will be recorded for the purpose of easier later transcribing.

Audio recordings of the interview will be saved for five years on a personal device.

The potential risk of the study lies in the fact that interviews will be conducted through phone/video call using the internet, therefore confidentiality might not be fully assured.

Benefits this study carries for the participants are adding up to the theory regarding the play of children in need of special support which might positively affect attitudes and actions towards it.

Participant's signature

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## APPENDIX D

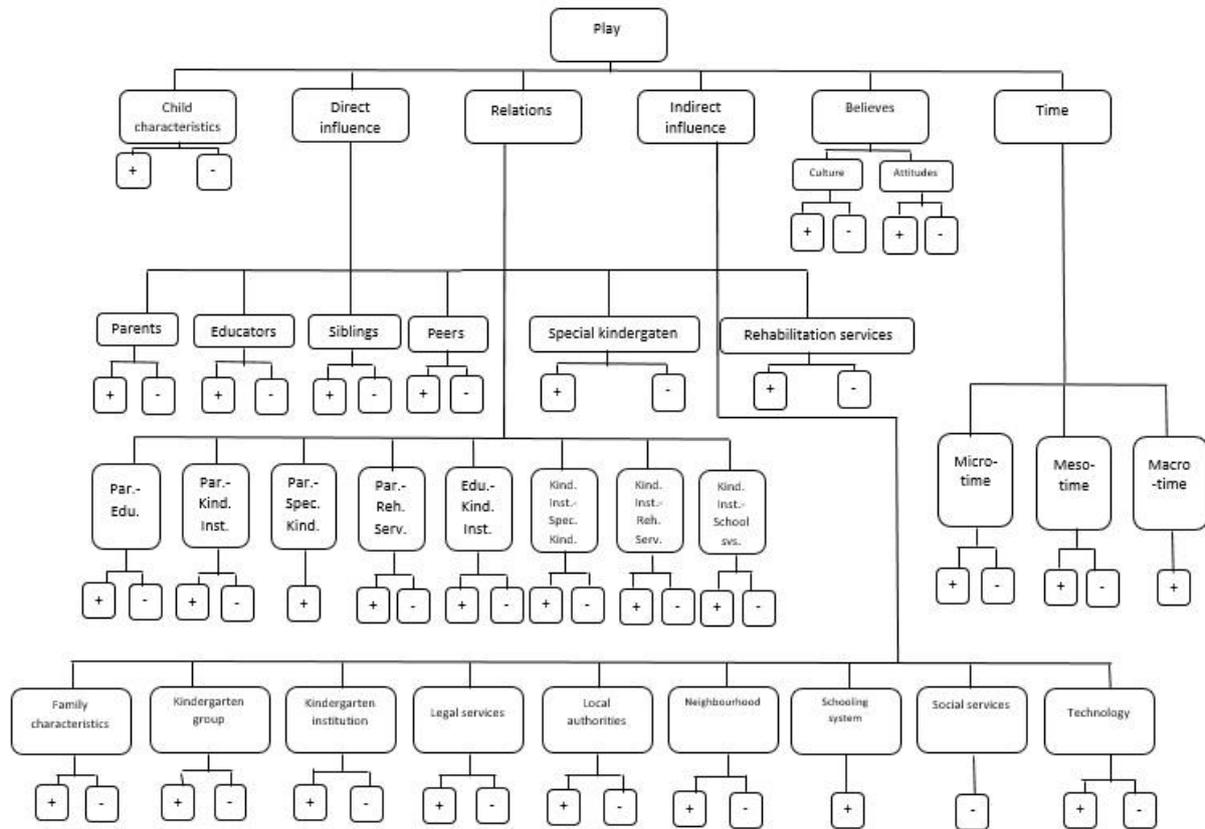


Figure 2

*Visual representation of the factors affecting play of the children in need of special support*