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THE LEVELS OF PARTICIPATION OF PRESCHOOLERS WITH DISABILITIES REGARDING THE TYPES OF ACTIVITIES AND THE TYPES OF DISABILITIES

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Abstract:

Inclusive preschool education presupposes an active involvement of children with disabilities, i.e. their continuous participation in classroom activities. To find out the major characteristics of participation of children with disabilities regarding the types of activities and the types of disabilities, an interaction of children with disabilities and their surroundings was closely observed. The hypotheses were as follows, H1: There is no relationship between levels of participation of children with disabilities and the types of disabilities, and H2: There is no relationship between levels of participation of children with disabilities and the types of activities. As one way ANOVA showed, participation of children with disabilities depends more on the types of activities, ($F(5,55)=7.929$; $p<0.001$) and less on the types of disabilities ($F(2,12)=.137$; $p>0.001$). Briefly, the levels of participation of children with disabilities depend on the structure of activities and the adults' supporting strategies, whereas the types of disabilities have less importance for the child's participatory actions. These results confirmed that appropriate supporting strategies can facilitate the participation of children with disabilities in everyday classroom activities.

Key words: adults, children with disabilities, classroom activities, interaction, participation, peers

INTRODUCTION

Participation is an often used term in the context of inclusive education - it is perceived and interpreted as a goal, indicator, and a presumption of inclusive education. Since there are several approaches to its definitions, it is obvious that different usages of this term are accompanied by different practices. In a general and simple way, participation is a child's engagement in a certain activity, and/or a possibility of influencing their immediate surroundings. It is a tool as well as an outcome of quality interpersonal relations. Yet, Hart (1994) sees it as a misused and abused term, precisely, a synonym for social mobilization. According to his interpretation, social mobilization is about conducting a particular, goal oriented task, while participation is the mutuality between an individual and their surroundings. Thus, when children are engaged in activities within institutions, it is more social mobilization, than participation (Hart, 1994). This is due to the nature of the social context, i.e. adults are designing and regulating classroom activities, and therefore the child's participation in terms of mutuality is questionable. However, if we acknowledge that the child's activity is closely connected to the overall quality of preschool settings, including the process dimension as well as the structural[1]

[1] As Moss and Dahlberg (2008) state, quality in preschool institutions consists of two dimensions: process and structure. Structural quality refers to the child-adult ratio, staff and children consistency, education of staff, and curriculum design. Process quality is more concerned with interaction (adult-child/children, peer interaction) and interpersonal actions. These dimensions are dynamic and mutually dependent which means that changes in one dimension lead to changes in others.

(Moss & Dahlberg, 2008) it is clear that there are several aspects of participation in early childhood that have to be reconsidered. As Lansdown (2001) states, these aspects are: relevance of the interaction field from the position of a particular child; connection with the child's previous experience; adults' expectations, and available resources. In other words, participation presupposes several factors, and some of them are out of the preschool teacher's power, for instance the financial support for curriculum activities. On the other hand, participation depends on the child's possession and application of "participatory tools to a concrete situation" which is "making them experience what they learn" (Quaghebeur, 2006, p. 501). This means that for efficient participation children have to possess certain competencies and abilities allowing them to maintain reciprocity in interpersonal relations within their immediate surroundings. Also, participation, as active involvement and mutuality, presupposes the children's anticipation of other people's actions and intentions which is a pillar for constructing socio-cognitive coordination and interaction. The question is can children with disabilities, especially those with intellectual disabilities, autism, and multiple disabilities fully participate in classroom activities under this epistemological postulate? And, can participation be interpreted as a multidimensional process, with several levels, according to the child's abilities and relevance from a particular child's point of view? Sheridan and Pramling Samuelsson (2001) see the last as one of the major problems of participation, because adults perceive participation from the children's perspective, and not the child's perspective. I.e. adults tend to mobilize children and conduct participation as a group activity, rather than to support a child during construction of their own actions and narrating individual experiences. This means that quality in inclusive education built on the value of participation should be scrutinized from a particular child's point of view. In practice, preschool teachers should closely follow the participatory actions of children with disabilities and support them during their efforts, whereas scholars have to reconsider the qualitative research methodologies such as interviews and narratives as major sources of relevant data. Adults' focus on their own perspective can also be seen in researches - scholars are more concerned with curriculum resources and quality of education from the adults' perspective (preschool teachers, parents, principals etc.), and less focused on the child's institutional experiences as a reliable indicator of quality of education. However, researching the children's perspective on participation could reveal some surprises. This can be seen in a study by Cunningham, Walsh, Dunn, Mitchell, and McAlister (2004) in which they interviewed children aged three and four about their own experience of participation in the kindergarten, and found out that children wished they have more opportunities for exploration, more freedom in choosing partners for play, and more time for playing activities. Their results highlight important issues from the children's perspectives and those are exploring immediate surroundings, i.e. freedom to move around and play. Respectively, this means that children are focused on activities which are free from adults' direct interventions and regulations, and not on learning to take responsibilities for their own actions, which is mainly pointed out as participation's greatest value. Concerning participation in the context of inclusive education, it is mostly researched through total time of engagement in a certain classroom activity. For instance, Odom, Brown, Schwartz, Zercher, and Sandall (2002) see participation as an active, physical engagement in activity, which excludes passive behaviors such as looking at the teacher and/or at another child during demonstration, instruction etc. By observing the total time of engagement in an activity, Walker and Berthelsen (2007) acknowledge that children with disabilities spend less time engaged in an activity than their peers, and when they initiate peer interaction they mostly talk to other children with disabilities or to children at risk. Also, according to them, children with disabilities are more often engaged in conflicts during which they manifest a lower level of pro-social behaviors. Further, McWilliam and Bailey (1995) perceive that the engagement of children with disabilities in everyday activities was lower than the engagement other children, and children with disabilities spent less time involved in interaction with their preschool teacher. However, Konolos, Moore and Giorgetti (1989) claim that children with disabilities spent most of the time with their pre-

school teachers. Also, children with disabilities more often participated in activities closely guided and regulated by preschool teachers (Konlos, Moore & Giorgetti, 1998), and activities in small working groups organized and regulated by more competent peers (Brown, Odom, Li & Zercher, 1999). On the other hand, when children with disabilities initiated activities, they were mostly engaged in role play, manipulative and motor activities (Odom et al., 2002). Similarly, Roberts, Bailey and Nychka (1991) found that children are responsive to adults' and peers' initiatives, but they rarely initiate interaction themselves. These results could be interpreted as a reflection of the nature of the disability, for instance autism, intellectual disability and communication disabilities, which couldn't be seen from the report in these papers. What is more important is the fact that these kinds of behaviors could also be seen in shy children, children from underprivileged social backgrounds, and children currently in the phase of adaptation to an institutional context. Therefore, the total time of engagement is just one aspect of participation of children with disabilities, and not its main indicator *per se*.

While the majority of studies are concerned with the total time of the child's engagement in a particular activity, some researchers are focused on the structure of the activity and participants. In accordance with full participation of children with disabilities in everyday classroom activities, Ostrosky, Skellenger, Odom, McConell, and Peterson (1994) suggest that these children are often engaged in activities of transition, during which they, along with preschool teachers, prepare materials and tidy up activity centers, which represent an opportunity for the acquisition of competences for independent living and, thus, are highly regulated. Further, Konolos, Moore and Giorgetti (1998) conclude that children with disabilities are more often engaged in manipulative activities and activities closely regulated by a preschool teacher. According to them, children with disabilities spent the majority of time interacting with a preschool teacher (Konolos, Moore & Giorgetti, 1998). As far as other participants are concerned, Clawson and Luze (2008) notice that children with disabilities and their peers participated alike when activities were organized and regulated by a preschool teacher. Similarly, Odom et al. (2002) say that levels of participation of children with disabilities vary according to participants - for instance, when they initiate interaction they fully participate in the activity, and when adults are initiating the children are less engaged. This means that preschool teachers have an important role in children's participation in terms of designing appropriate practice, including curricular activities and methods of facilitating peer interaction.

METHODS

Since research about participation presupposes adequate data collection, this survey included both qualitative and quantitative methodology. Qualitative aspects represent an observation in mainstream settings, consisting of a video recording (i.e. event sampling) of preschool children with disabilities during interaction with their immediate surroundings (peers and adults as well). Other qualitative aspects were the transcription of the video recordings and coding (by the researcher and an independent observer). In this survey axial coding within Grounded Theory was considered suitable because it enabled the identification of categories and subcategories of children participation. Axial coding is focused on the process, allowing an insight into the phenomenology of a particular situation (Strauss & Corbin, 1998), in this case the interaction of children with disabilities within the mainstream preschool settings. Quantitative aspects were the statistical processing of variables. This, mixed methods approach is considered suitable because it enabled the identification of categories of children's participation in the least intrusive way.

Since participation has several interpretations, here it is defined simply as the child's engagement in the ongoing activity and consequently observed in two dimensions: participatory intent (child's intention and will to participate in an ongoing activity, regardless of the outcome) and participatory outcome (child's diverse behaviors in the ongoing activity with

diverse levels of engagement). These two dimensions represent criteria for the selection of molar activities[2], which in this survey are conjoined in one data sample. I.e. molar activities are considered as a sample and submitted for statistical analysis.

PURPOSE (RESEARCH ISSUES AND OBJECTIVE)

Since participation of children with disabilities in mainstream preschool settings is conceived as a prerequisite for inclusive early education, it is important to identify the categories of children's participation and discuss their main characteristics which have both scientific and pragmatic value. Arguing about the connection between a child's disability and levels of participation, and types of activities, presupposes a naturalistic research methodology approach and should be acknowledged as an attempt to link theory and practice. The main research issue in this paper is the participation of children with disabilities in their immediate surroundings, i.e. mainstream kindergartens that represent one of the many microsystems in which they construct interpersonal relations and experiences. Respectively, the main objective of this research is identifying the levels of participation regarding the types of activities and the types of disability.

HYPOTHESIS

Considering contemporary literature and research in the field of inclusive education, and epistemic curiosity, the hypotheses are:

H1: There is no relationship between levels of participation of children with disabilities and the types of activities.

H2: There is no relationship between levels of participation of children with disabilities and the types of disabilities

PARTICIPANTS (STUDY POPULATION)

Altogether, 408 participants were included in this survey. Overall 360 children participated[3], while fifteen (4.17%) of them, ten boys and five girls, were children with disabilities. Also, 33 adults were included - 27 preschool teachers and 6 teaching assistants. The number of children in the classrooms ranged from 16 to 33 (*M*=24.8, SD=3.88). The adult-child ratio ranged from 1:22 to 3:24 depending on the presence of the teaching assistants and/or the number of preschool teachers.

Table 1: Number of the participants by county

Participants (N)	County		∑
	Osijek-Baranya	Vukovar-Syrmia	
Children with disabilities	11	4	15
Peers	245	115	360
Preschool teachers	19	8	27
Teaching assistants	4	2	6
∑	279	129	408

[2] Molar activity is a continuous interaction sequence which later represented a database submitted for statistical processing. Bronfenbrenner (1979, p. 45) defines molar activity as "an ongoing behavior possessing a momentum of its own and perceived as having meaning or intent by the participants in the setting". Molar activities are the basic element of the microsystem because they allow individuals to have direct relations with each other (Bronfenbrenner, 1979). Basically, molar activity is a process, and therefore it is important to observe its flow, which is possible and far more objective if ethnographic methods are applied

[3] The parents of the children gave their written consent for their children to participate.

All children had their disabilities formally assessed and diagnosed before attending preschool institutions. No children who were at risk or suspected to have a disability were included in this survey. The youngest child with a disability was 4 years old, while the oldest one was 6 years old (*M*=5.8, SD=1.2). They varied in kindergarten experience, ranged from less than one year, i.e. 5 months to more than three years, i.e. 37 months (*M*=21.6, SD=12.41). All children with disabilities attended a four hour program, as consistent with the parents' rights on a part-time job basis, regulated by Croatian laws. As far as family background is concerned, 53.33% of the children are the only children in their families, while 46.66% have either a younger or an older sibling(s). The teachers' professional experience ranged from 1 to 25 years (*M*=17, SD=7.33), while teaching assistants were in their first year of assisting a particular child.

Methods for including participants in this survey were snowball sampling, which is appropriate for researching hard-to-reach social groups. This is due to the fact that researching peer interaction is focused on the private aspects of life of the children with disabilities and relations with their immediate surroundings. Therefore recommendations from the parents of the children already included in the survey to their peers, and formation of a recommendation chain was essential for the successful collection of data, in this case video recordings.

PROCEDURES

The data, i.e. video recordings of the interaction of children with disabilities and their peers, preschool teachers and teaching assistants were collected during January, February, March, and April 2013 in twelve mainstream kindergartens in two Croatian counties, two of them are located in rural and others in urban communities. Data collection based upon the ethnographic approach is considered suitable because it offers an insight into interpersonal relations in a less intrusive manner, which is important for analyzing molar activities and participatory levels within them. Also, video recordings allowed multiple playbacks, which is important for objectiveness. Video recordings were transcripted and coded, and afterwards statistically processed using the statistical software SPSS v.17.

DATA ANALYSIS

Data analysis encompassed 56 molar activities, duration 8 hours 37 minutes and 46 seconds. Video recordings were watched several times and transcripts of these activities were made, followed by coding and constructing categories and subcategories of participation. Categories and subcategories were statistically processed in SPSS v.17. Identification and labeling of categories and subcategories is based on the dominant behaviors of children with disabilities during molar activities. Transcription and coding was conducted by the researcher as a complete observer and by an independent observer separately with a high inter-rater reliability (Cohen's $\kappa = .863$), i.e. considered strongly in agreement. The variables in this survey were correlative in their nature - levels of participation, the types of activities and the types of disabilities. In other words, statistical analyses of variables showed where the variables are connected, but could not provide an answer to the cause and consequence of the observed phenomenon. As far as statistical techniques are concerned, one way ANOVA is considered to be appropriate because it examines the variations in the data. This is important for the adequate interpretation of results since data collection was based upon the ethnographic approach, i.e. the survey consisted of quantitative as well as qualitative methodologies.

Participation considered both, participatory intentions, and participatory outcomes. *Non-participation/exclusion* was considered when following behaviors occurred: sitting alone; looking around the classroom unfocused; walks around the children, but doesn't stop anywhere; solitary play; parallel play; repetitive and manipulative behaviors; stereotypes;

escaping from the classroom; throwing objects across the classroom. *Partial participation* encompassed: crying as a reaction to behaviors of peers/adults; silence as a reaction to behaviors of peers/adults; sliding into peers' activities - entrance without formal invitation; laughing/smiling after the successful completion of a task; and all forms of responses: imitation of peer's/adult's behavior, smiling to a peer/adult; entering play after a formal invitation from peers or adults; continuing the activity after peer's/adult's verbal direction or demonstration; asking help from peers and/or adults (verbally and non-verbally); gesture of approval or disapproval (nodding head, lowering shoulders); in case of autism and motor impairment: eye following, facial expression of emotions and vocalization (screaming, moaning) as a reaction to peers' and adults' behaviors; in case of autism and multiple disabilities: instrumentalization of adults and peers. *Full participation* encompassed: initiation of interaction and inviting others to activity conventionally (verbal invitation, gesture) and in a non-conventional way (loud vocalization - screaming, pulling peer's/adult's hair, pulling peer's hand, bringing a toy meant for play directly to the peer's face/eyesight; calling potential partners through a "messenger" (preschool teacher, teaching assistant, peer); preparation of materials/toys and other objects needed for play; reminding peers about classroom rules; "telling on" peers to adults; initiation of a conflict/fight; taking away toys and objects from peers with the purpose of use; "cheating" in play activities; smiling, laughing, giggling along with others, as a result of common activity; non-participation as a result of their own choice (rejecting engagement, he/she doesn't want to participate in an activity despite peer's/adult's invitation); teaching others how to conduct a certain activity (he/she designs play rules and explains therapeutic procedures); appointing a role for play and players; designing/organizing the rules of play (constructing concrete rules and explaining them to peers).

RESULTS

In the following section, the results will be displayed according to the hypotheses and the aspects of research.

PARTICIPATION AND THE TYPES OF THE ACTIVITIES

The types of activities are determined in accordance with their structure, i.e. the dominant participants' actions during one molar activity. Beginning with the structure of activities, they were as follows: manipulative activities such as fine motor, and graphomotor skills training (23.2%), play activities including symbolic play (25%), art and expressive activities such as drawing and clay modeling (14.3%), activities for the enhancement of academic skills, for instance reading and writing (7.1%), physical activities including exercising (14.3%), and solitary activities such as playing alone, repetitive and stereotype activities (16.1%). Since the main criteria of this survey were not to intervene in everyday classroom activities, these results are compatible with naturalistic approach. Also, recorded activities depended on the preschool teacher's professional actions, i.e. activities were planned and conducted as a part of the classroom curriculum. Therefore activities are diverse in their structure.

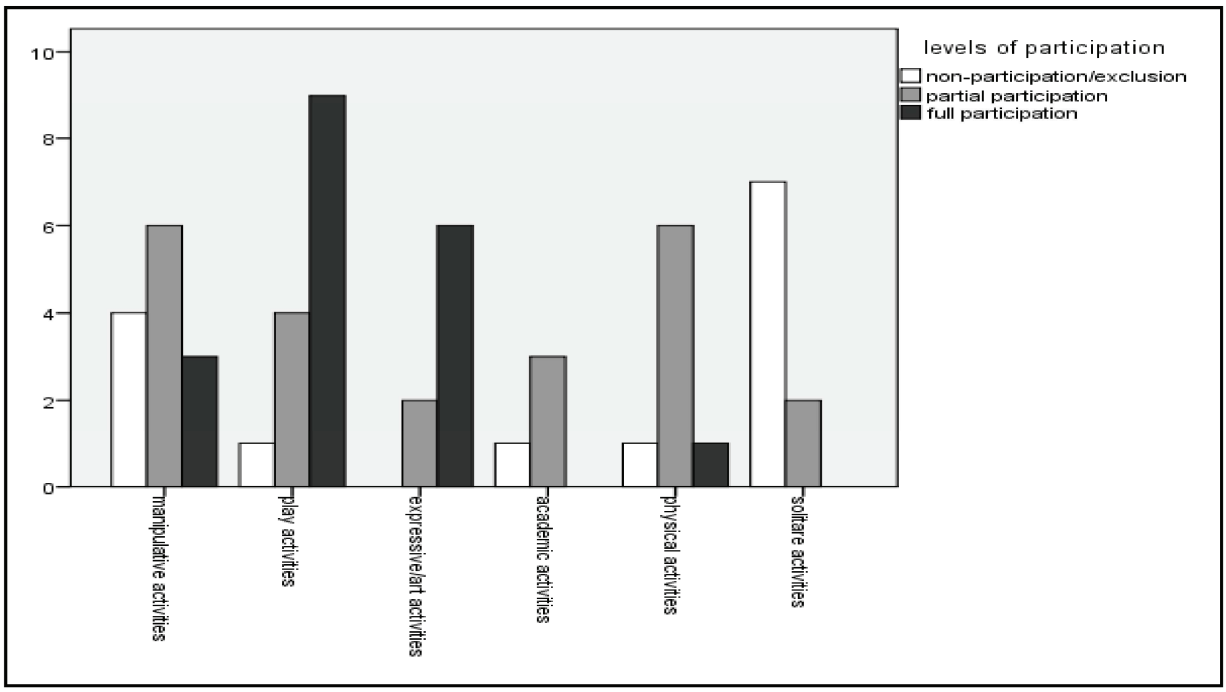

Figure 1: Levels of participation regarding the types of activities

Children with disabilities participated in diverse ways in the ongoing activities. The highest level of participation was during play activities, followed by expressive/art activities, manipulative activities, and physical activities. The highest level of exclusion/non-participation (absence of participation) was recorded during solitary activities, although adults and/or peers were present. Statistical data analysis (one way ANOVA) showed that there is a close connection between the level of participation and the types of activities:

Table 2: ANOVA table for the types of activities

ANOVA

the types of activities

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	14.396	5	2.879	7.929	.000
Within Groups	18.157	50	.363		
Total	32.554	55			

In relation to the hypothesis “There is no relationship between levels of participation of children with disabilities and the types of activities” this presumption has to be rejected ($F(5,55)=7.929$; $p<0.001$). In other words, the participation of children with disabilities relates to the type of activity in which they are engaged. The implications of these findings are twofold: (1) participation is proportional to the intensity of adults’ support during a child’s participatory actions, and (2) the structure of certain activities is convenient for exclusion. This means that preschool teachers should be able to apply different teaching strategies in different activities, for instance behaviorism instead of constructivism, especially in the case of intellectual disabilities, autism, and multiple disabilities. Also, preschool teachers should closely observe the flow of the activity, and modify support according to it. For example,

he/she can substitute verbal support with directive guidance when needed and *vice versa*. As far as exclusionary activities are concerned, solitary activities and manipulative activities are more likely to be a context for a child's exclusion because they can easily be changed to repetitive and stereotyped patterns of behavior. Therefore, preschool teachers should be able to recognize this *action switch* and redirect a child's attention focus on time to avoid the child's further distancing from peers and other participants, and at the same time, facilitate and enhance the child's participation in everyday classroom activities.

PARTICIPATION AND THE TYPES OF DISABILITY

The other aspect of researching participation regarded the types of disability. The children had the following disabilities: autism (26.7%), motor impairment (46.7%), and multiple disabilities (26.7%) which consisted of a combination of intellectual impairment and other disabilities (e.g. visual impairment, hearing impairment, epilepsy, etc.).

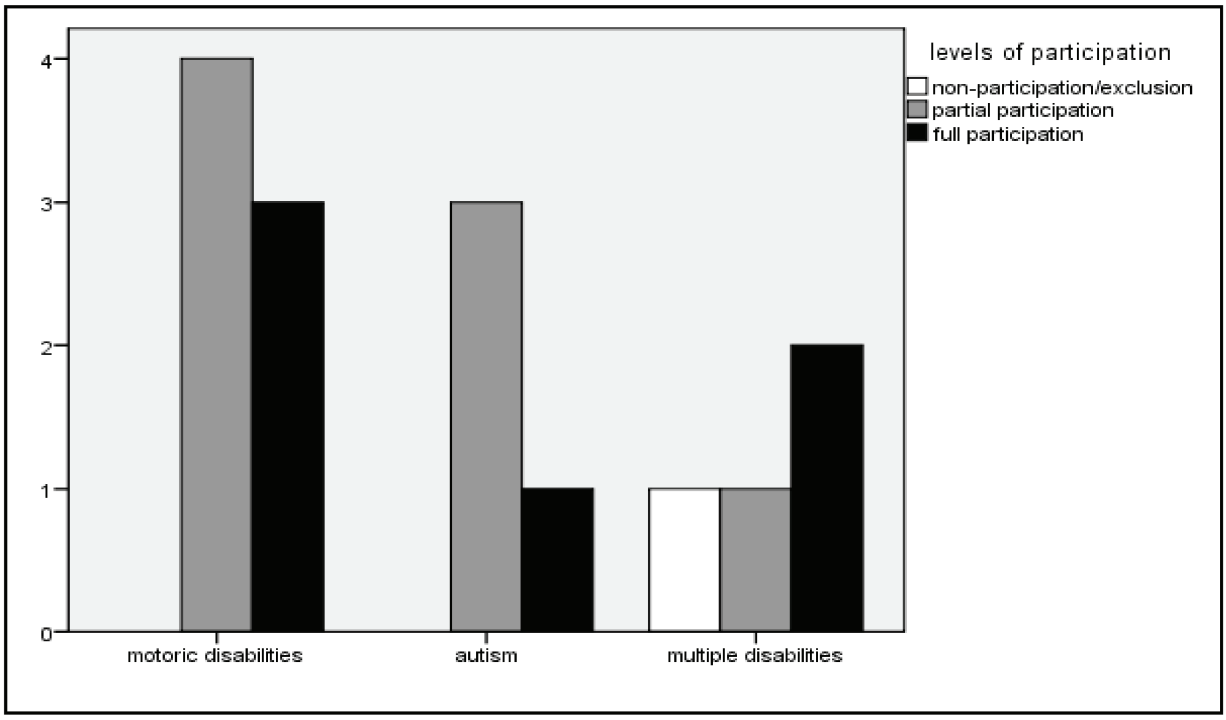

Figure 2: Levels of participation regarding the types of disabilities

As can be seen, partial participation and full participation are present in all disabilities. It looks like preschool teachers and teaching assistants continuously coordinate peer interaction and the child's engagement in activities. However, exclusion is present in the case of multiple disabilities and not in the category of autism, which is to be expected in relation to previous findings. If we acknowledge that participation of children with disabilities is a dynamic process influenced by many factors, from personal/individual to social, than further researches on the impact of the nature of impairment should be conducted.

Table 3: ANOVA table for the types of disabilities

ANOVA

the types of disabilities

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.119	2	.060	.137	.873
Within Groups	5.214	12	.435		
Total	5.333	14			

Since hypothesis testing showed the absence of connection between the levels of participation and the types of disabilities ($F(2,12)=.137$; $p>0.001$) it can be concluded that there are some other factors influencing participatory actions of children with disabilities. Rejecting the hypothesis "There is no relationship between levels of participation of children with disabilities and the types of disabilities" indicates that children observed in mainstream classrooms possess and use effective participatory strategies. Maybe a good example for that is when a child with cerebral palsy, kneeling on the floor, calls out for a friend through a preschool teacher (a teacher is passing by, a child addresses the preschool teacher: "Teacher, call my friend L., tell him I need him over here."). The child is unable to walk toward a peer, and thus practices a non-conventional, yet an efficient way of initiating peer interaction - he uses a preschool teacher as a messenger. An insight into the recorded activities showed that children with disabilities practice diverse compensatory actions on a daily basis, which results in the child's success in establishing peer interaction and, consequently, participation in activities, mostly play. However, this finding can only be applied in the case of motor impairment, less in multiple disabilities, and least in the case of autism. This means that the nature of disability is indeed one of the aspects of participation, but not the only one. Since statistical analysis gave the opposite results from the previous findings, it is important to apply appropriate research methodologies. It is important to stress that the obtained data and results of this survey reflect situational contexts. In other words, a video recording at some other period/time could give different results. Since the data collection was conducted during winter time and in early spring, the majority of activities were conducted and recorded indoors. Also, the curriculum structure in Croatian kindergartens is built upon national holidays and social customs, i.e. highly traditional in their nature, and consequently, the activities were defined by the institutional activity schedule.

DISCUSSION

The results showed that the levels of participation of children in everyday classroom activities depend more on the types of conducted activities than on the types of disabilities. There are several factors that could affect these findings. Firstly, different activities have different importance for a particular child. For instance, play is in the focus of all preschool children, and children with disabilities tend to include themselves in the peers' playing actions, whether by imitation, sliding into play (just showing up "on the site", without the peers' formal invitation to play), or with support from an adult (preschool teacher or teaching assistant). Further, activities are more under the adults' power and control, than disability is. In other words, preschool teachers are continuously trying to coordinate the child's actions and institutional conditions, including the overall number of children in the classroom, available equipment, curriculum and institutional routines. It looks like preschool teachers and teaching

assistants are aware of their circle of influence and do not expand it beyond their professional power. However, this kind of acceptance of a low level of personal influence could easily result in burnout, because preschool teachers are investing a lot of energy in compensatory actions and organizing activities within given conditions, while help and support outside of the classrooms are rare and insufficient. At last, the structure of activity itself influences the child's participation. Manipulative and solitary activities are likely to result in the child's repetitive and stereotype behavior, and respectively exclusion. On the other hand academic activities are closely guided by a preschool teacher and/or teaching assistants and thus level of participation in these activities is considerably high. The only activity which resulted in full participation of children with disabilities without the adults' directive guidance was play. Therefore play deserves to be recognized as a suitable context for facilitating participation and peer interaction. Further, the levels of participation could be linked to the adults' supporting strategies rather than to the types of disabilities. This can be interpreted in several ways. For instance, some disabilities, especially autism and intellectual disabilities, as well as multiple disabilities, presuppose a more directive guidance during the activity. However, it looks like preschool teachers tend to apply constructivist strategies even when behaviorist strategies are more appropriate. This confusion in developmentally appropriate teaching strategies is a result of professional education and contemporary teaching styles which could be easily named as *pedagogical fashion*, because emphasis is put solely on the child's own ways of knowledge construction. It is obvious that children with intellectual disabilities and autism need an adult's support in organizing and conducting activities. Otherwise, they can easily "slip" into repetitive behaviors and actions without developmental values. The second reason is the types of disabilities themselves - in this survey the majority of disabilities were motor disabilities, followed by multiple disabilities, and autism which are characterized by speech and communication problems (articulation/pronunciation, vocabulary, maintaining the face- to-face position, etc.). This indirectly affects the child's participation in classroom activities and peer interaction, since the child cannot practice conventional ways of communication with adults and peers. In this case, the adults' support has a key role in facilitating participation of children with disabilities. Also, a problem with multiple disabilities is the hierarchical order between impairments. I.e. does a child have an intellectual impairment and a visual impairment or a visual impairment with an intellectual one? Nevertheless, the types of disabilities will continue to be one of the important variables in researches of inclusive preschool education. And thirdly, observed and recorded activities are context bound - they reflect situational conditions which are changeable. In other words, observing participation during some other time would probably result in different data. Since the situations depend on conditions in micro-, meso-, and macro-levels, longitudinal studies could be considered suitable for researching participation of children with disabilities at the preschool level. That way some generalizations could be made, and different variables could be included in the statistical analysis.

IMPLICATION FOR PRACTICE

Often, developmental activities are considered to be those which are initiated by children and/or proven to be of interest to a child. Appreciation of the child's perspective is also a recommendation when it comes to participation. However, sole reliance on initiation by a child could be counter-productive. A closer look at the recorded data showed that adults sometimes can be easily mislead - they try to follow a child's initiative but their effort ends in supporting the child's repetitive behaviors. I.e. not every child's initiative ought to be desirable. For instance instrumentalization with imperative function (which is typical for autism) is a questionable form of a participation initiative. Therefore, meaningful participation presupposes efficient coordination and reciprocity in the child's relationships with the immediate surroundings. In that way participation is achievable, regardless of the child's disability. Briefly, preschool teachers should (1) continuously adjust the support strategies according to the

types of activities, participants, and the child's abilities; (2) reconsider their understanding of inclusion and participation, as well as scrutinize the notion of disability; (3) free themselves from the chains of the constructivist approach to teaching children with disabilities, especially in the case of intellectual disabilities, autism, and multiple disabilities; (4) closely observe and regulate activities/redirect if the levels of participation are lower than expected, and (5) incorporate the child's experiences into classroom activities, based on the child's narratives and/or close observation of the child's actions.

LIMITATIONS

The participation of children with disabilities occurs in complex social conditions, which presupposes the researcher's knowledge about a child's development, the characteristics of preschool institutions, and the anticipation of the possible scenarios of interaction outcomes. Therefore this research couldn't encompass all the aspects of interaction in mainstream preschool settings, only an insight into situational contexts which exist in everyday preschool activities. Also, statistical analysis couldn't prove causal effects, due to the mixed method approach and a relatively low number of children with disabilities included in the survey. Another problem is the state's regulation of education of children with disabilities in Croatia - children are entitled to four hour preschool programs, but without therapist support in classrooms and/or kindergartens. The majority of children with disabilities attend kindergartens two or three times a week because parents had to choose whether children will be at therapy/rehabilitation or in the kindergarten. Since parents had to make this *pseudo-choice*, children are attending kindergartens irregularly which, in this research, could be considered as a parasitic factor.

CONCLUSION

As the results showed, the participation of children with disabilities depends on social and institutional conditions, not just the child's intentions and desires. Researching the participation of children with disabilities reveals that this is a complex phenomenon, influenced by many factors such as organizational issues, preschool teachers' attitudes and practices, etc. Yet, children are able to maintain socio-cognitive coordination and reciprocity with adults and peers. They can anticipate the flow of the activity and the participants' behaviors, and they are capable of carrying out the ongoing activities, even with the adult's minimal interventions. During the interaction with their peers, children with disabilities practice diverse strategies such as a non-conventional way of initiating an interaction (for instance pulling a peer's hand, bringing a toy directly to the peer's face/eyesight, showing up on site without invitation (sliding into activity), etc. Also, they manifest self-regulatory competencies according to the flow of activity, as well as action coordination with others. These kinds of children's behaviors are interpreted as activities of ecological transitions in which a child can practice efficient behaviors in different surroundings. Active engagement, i.e. full participation was manifested by children with disabilities in play activities, during which they imitated a more competent peer, initiated play, as well as accepted the peers' initiatives. Therefore, play is considered to be an appropriate context for enhancing the child's participatory potentials.

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Razina uključenosti djece s teškoćama u razvoju predškolske dobi u odnosu na vrstu aktivnosti i vrstu teškoće

Sažetak: Inkluzivni predškolski odgoj pretpostavlja aktivnu uključenost djece s teškoćama u razvoju, tj. njihovu neprekidnu participaciju u aktivnostima odgojne skupine. Kako bi se doznalo više o karakteristikama participacije u odnosu na vrstu aktivnosti i vrstu teškoće, promatrana je i snimana interakcija djece s teškoćama u razvoju i njihova okruženja. Hipoteze su bile sljedeće: H1: Ne postoji povezanost između razina participacije djece s teškoćama u razvoju i vrste teškoće i H2: Ne postoji povezanost između razina participacije djece s teškoćama u razvoju i vrste aktivnosti. Statističkom obradom (jednosmjerna ANOVA) dobiveno je kako participacija djece s teškoćama u razvoju ovisi o vrsti aktivnosti ($F(5,55)=7.929$; $p<0.001$), ali ne i o vrsti teškoće ($F(2,12)=.137$; $p>0.001$). Ukratko, razina participacije

djece s teškoćama u razvoju u aktivnostima odgojne skupine ovisi o strukturi aktivnosti i podršci odraslih, dok vrsta teškoće u razvoju ima manju ulogu u djetetovim participacijskim akcijama. Rezultati potvrđuju kako razvojno primjerene strategije mogu facilitirati participaciju djece s teškoćama u razvoju u svakodnevnim aktivnostima odgojne skupine.

Ključne riječi: odrasli, djeca s teškoćama u razvoju, aktivnosti odgojne skupine, interakcija, participacija, vršnjaci

Integrationsniveau von Kindern mit Entwicklungsstörungen im Vorschulalter in Bezug auf den Aktivitäts- und Störungstyp

Zusammenfassung: Die inklusive Vorschulerziehung setzt die aktive Beteiligung von Kindern mit Entwicklungsstörungen voraus, d. h. ihre kontinuierliche Teilnahme an den Aktivitäten der Bildungsgruppe. Um mehr über die Eigenschaften der Beteiligung in Bezug auf den Aktivitäts- und Störungstyp herauszufinden, wurde die Interaktion von Kindern mit Entwicklungsstörungen und ihrer Umgebung beobachtet und aufgezeichnet. Die Hypothesen waren folgende: H1: Es gibt keine Korrelation zwischen dem Niveau der Beteiligung von Kindern mit Entwicklungsstörungen und dem Störungstyp und H2: Es gibt keine Korrelation zwischen dem Niveau der Beteiligung von Kindern mit Entwicklungsstörungen und dem Aktivitätstyp. Mit Hilfe der statistischen Analyse (einfache Varianzanalyse) erhielt man Ergebnisse, die zeigen, dass die Beteiligung von Kindern mit Entwicklungsstörungen vom Aktivitätstyp abhängt ($F(5,55) = 7{,}929$, $p < 0{,}001$), aber nicht vom Störungstyp ($F(2,12) = 137$. $p > 0{,}001$). Kurz gesagt hängt die Grad der Beteiligung von Kindern mit Entwicklungsstörungen bei der Aktivitäten der Bildungsgruppe von der Struktur der Aktivität und der Unterstützung von Erwachsenen ab, während der Typ der Entwicklungsstörung eine untergeordnete Rolle in der partizipativen Aktionen des Kindes spielt. Die Ergebnisse bestätigen, dass die der Entwicklung angemessenen Strategien die Beteiligung von Kindern mit Entwicklungsstörungen bei den alltäglichen Aktivitäten der Bildungsgruppe erleichtern können.

Schlüsselbegriffe: Erwachsene, Kinder mit Entwicklungsstörungen, Aktivitäten der Bildungsgruppe, Interaktion, Beteiligung, Gleichaltrige