



Albanian Preschool Personnel's Perceived Obstacles to Implementing Effective Inclusive Education

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Access to high-quality early education promotes the academic success of children with disabilities; however, they are often overlooked in mainstream programs that lack essential support services. This study aimed to examine the obstacles to supporting inclusion and providing effective early education programs for children with disabilities in Albania as perceived by the preschool personnel. Preschool personnel ($n = 107$) working with children (3–6 years old) in the municipality of Tirana, in Albania, completed the survey. The obstacles to supporting children with disabilities were identified as lack of knowledge, supportive techniques, specific working tools, suitable facilities, and support staff, insufficient cooperation with parents, and inadequate educational programs for children with disabilities. The contextual factors and practical implications of the study, as well as future directions for research, are discussed in this article.

Keywords: early childhood education, disability, inclusion, high-quality programs, personnel, obstacles

INTRODUCTION

Early childhood is considered a critical period of growth and development that can influence outcomes throughout an individual's life (World Health Organization, 2007). Children's development relies on several interdependent domains of sensory-motor, cognitive, communication, and social-emotional function (Walker et al., 2011). Children's development is influenced by a wide range of biological and environmental factors, some of which protect and enhance development, while others compromise it (Fernald et al., 2009).

A crucial factor that is viewed as an important indicator for children's healthy development is the receipt of early education and participation in high-quality, inclusive preschool programs (Melhuish, 2011; Duncan and Magnuson, 2013).

The inclusive education approach creates opportunities for children with disabilities by ensuring that these students are given the opportunity to attend school with their peers in a supportive environment with resources and trained teachers. Inclusion is promoted internationally by both legislative mandate and societal values (Odom et al., 2003; Frankel and Gold, 2007). It is a practice in which early childhood educators are encouraged to create new opportunities for children with

and without disabilities in mainstream early childhood education and care centers. Odom et al. (2004) acknowledged that the belief that children with disabilities should participate within natural environments alongside their peers without disabilities is a shared value for many early care and education programs worldwide.

Defining what constitutes a high-quality, inclusive early childhood education is considered to be complex (Love, 2018), yet there is agreement that in order to be deemed high-quality and inclusive, preschool programs must provide children with access to a wide range of learning opportunities, activities, settings, and environments, possibilities for participation or opportunities to engage, play, and learn with peers with and without disabilities, as well as adults, and support for the infrastructure of systems-level activities that undergird individuals and organizations (DEC and NAEYC Joint Position Statement, 2009). Furthermore, according to Barton and Smith (2015), the quality of preschool programs can be measured in three different dimensions: (1) access to learning opportunities (e.g., the provision of materials that can be used by children with or without disabilities); (2) active participation in learning, assisted by adults using individualized practices; and (3) supports that provide adults (teachers and parents) the resources needed to help children learn. Additionally, according to Camilli et al. (2010), the quality of inclusive preschool programs is usually measured based on seven dimensions: program goals and purposes; staff support and perceptions; accessibility and adequacy of the physical environment; individualization; children's participation and engagement; adult-child contacts and relationships; and child-child contacts and interactions.

Developed nations, such as Canada, the United States, Australia, Sweden, and Italy, are making significant progress by working on the inclusion of preschool children into typical early childhood programs (Palsha, 2002; Frankel, 2004). However, it has yet to gain momentum in other countries. Fewer than 10% of countries have laws that ensure full inclusion in education, according to the United Nations Educational, Scientific and Cultural Organization's [UNESCO's] 2020 Global Education Monitoring Report: Inclusion and Education—All means all. The report identifies an exacerbation of exclusion during the COVID-19 pandemic and estimates that about 40% of lower- and middle-income countries have not supported disadvantaged learners during temporary school shutdown. It notes that 258 million children and youth were entirely excluded from education, with poverty as the main obstacle to access. Children with disabilities are 2.5 times more likely to never go to school, according to the Global Education Monitoring Report: Inclusion and Education (UNESCO, 2020). Later in life, they are more likely to experience poverty.

Around 250 million children under 5 years of age in lower- and middle-income countries are at risk of not reaching their developmental potential (Black et al., 2017). Furthermore, based on another study in 195 countries and territories, 52.9 million children under 5 years of age have developmental disabilities. Of these, 95% live in lower- and middle-income countries (Olusanya et al., 2018).

Furthermore, while global attention has been given to the need for improving the quality of early education practices and increasing inclusiveness for diverse learners (Wesley and Buysse, 2010; Peisner-Feinberg et al., 2011), limited progress has been made in increasing the placements of children with disabilities in inclusive settings (Warren et al., 2016). Therefore, young children with disabilities are often overlooked in mainstream programs and lack services designed to ensure their development (Simeonsson, 2000).

High-quality preschool programs have been shown to have lasting positive effects for all children. That quality is considered especially beneficial for children with disabilities, as early childhood is a critical time for the implementation of early interventions to help young children with disabilities reach their full potential (Karoly et al., 2006). Thus, active participation in preschool programs that provide developmentally appropriate and supportive environments is particularly crucial for young children with disabilities (United Nations Educational, Scientific and Cultural Organization, 2009).

The quality of preschool programs, particularly those that provide an inclusive environment for children with disabilities, has also been consistently shown to be influenced by several factors. For instance, it has been demonstrated to be dependent on the extent of teachers' professional development (Early et al., 2007). Early childhood researchers have recommended that both in-service and pre-service professional development be expanded in order to bridge the gap between research and practice and to contribute to the placement of effective teachers in inclusive classrooms (Chang et al., 2005; Snyder et al., 2015).

Family involvement in children's education throughout childhood is also essential for children with disabilities, especially during the early years (World Health Organization and The United Nations Children's Fund, 2012).

Families are the first and most powerful influence on children's early learning and development. Parents are considered vital in many aspects of the educational settings and child development; they can contribute to the development of individual education plans, and they can provide information on the child's strengths and weaknesses at home, background information, child history, development, and any family factors that may affect child learning (Elbaum et al., 2016). Moreover, children benefit from the development of positive and supportive relationships between early childhood programs and their families (Weiss et al., 2006).

Current Challenges of Inclusion in Early Childhood Education in Albania for Children With Disabilities

Education in Albania is compulsory until the age of 16. The current regulatory framework regarding children in Albania is well developed. The Law Nr. 69 of 2012 "On Pre-university education" regulates pre-university education in Albania and calls for free and mandatory education. In general, the Albanian legal framework establishes the right to a free public education for every child, regardless of his or her needs and special abilities, declaring: "The

inclusion of children with disabilities in special educational institutions is temporary. The inclusion of children with disabilities in mainstream schools should be a priority," said the UNICEF report.

Yet, improving the quality of the early education system in Albania is viewed as a current challenge for the country (Fuller, 2017). While the number of children enrolled in pre-primary education (5–6 years old) has increased in recent years such that they account for 81% of Albanian preschool-aged children, the gross enrollment of children aged 3–6 remains lower than this rate (Mingat and Hoxha, 2010).

In Albania, inclusive education has not been a natural evolution of previous experiences or a necessity, according to the UNICEF report "Facing the challenges of inclusive education in Albania." The report highlights that, in contrast to other western societies, in which inclusive education is a product of people with disabilities, their parents, and practitioners, in Albania, international influence and imitation have been the main factors contributing to this development. All the major changes have happened through administrative activities rather than as a result of lobbying and pressure from people directly or indirectly involved in the process. Presently, inclusive education reflects the aims and realities of its implementation in Albanian education institutions. The findings of the reports also acknowledged the lack of reliable data in relation to children with disabilities. There are an estimated 120,000 children with some form of disability in Albania. In 2012, the ex-Minister of Education and Science unofficially reported 2,123 Children With Disability (CWD) enrolled in basic education, of whom 736 attend special schools. According to the ex-Minister of Education and Sport of Albania, the official drop-out rate for CWD was high, at 7%.

A variety of practical issues hinder the participation of CWD and children from vulnerable groups in basic and secondary education, including teachers' limited training on disability issues, lack of assistant teachers in overcrowded classrooms, poor infrastructure, lack of proper transportation, and discrimination and bullying from older children, school staff, and parents of other children. Poor cooperation between professionals of different disciplines and between different sectors of local government and the lack of teaching materials and adjusted school programs for CWD remain hurdles for CWD to realize their right to education.

Even though the principle of inclusive education is widely accepted in education institutions and legislation, its implementation faces many barriers. The transformation of schools into inclusive environments calls for multi-planning activities, and it is a process that depends on society's support, curriculum reform, schools' organization, teacher training, and the provision of supportive, specialized services.

According to Save the Children (2012), the world's first international charity for children, active in over 100 countries, the enrollment and inclusion of children with disabilities in the preschool and compulsory education system remains a concern in Albania. Save the Children has worked in Albania since 1999. The organization's humanitarian work

in the country focuses on reducing the impact of disasters for children and their communities and developing plans of action that ensure effective responses in coordination with other agencies. Based on the latest data of Albania's State Social Service, the estimated number of children with disabilities between zero and 6 years old in Albania is 4,776 (Save the Children, 2012). However, this data only represents those who receive disability allowances, meaning children with moderate or severe disabilities (Fuller, 2017). Moreover, families are only entitled to these allowances for one child, indicating that the number of children with disabilities is actually higher than what is currently being reported (Tahsini et al., 2014).

Furthermore, Save the Children noted that while assistant teachers could facilitate inclusion, there remains a great, unfulfilled need for these assistants at the preschool level and beyond (Tahsini et al., 2014). Significant progress has been made in improving the quality of preschool institutions in Albania, but the quality of staff—their level of training and knowledge—remains inadequate (Fuller, 2017). While most teachers hold higher education degrees (Mingat and Hoxha, 2010), many lack knowledge and skills regarding inclusive practices and are unprepared to design and implement individualized education plans for children with disabilities (Tahsini et al., 2014). According to the 2010 ETF country report for Albania, both pre-service and in-service teachers are not yet ready to respond to diversity in the class. The teacher training curriculum currently lacks emphasis on teacher competences pertinent to the development of inclusive education practices.

Therefore, if children with disabilities and their families are not provided with timely and appropriate early intervention, support, and protection, children's developmental and educational difficulties can become more severe, often leading to long-term consequences, including increased likelihood of living in poverty and profound exclusion from broader society.

The current study aims to examine the obstacles to supporting inclusion and providing effective early education programs for children with disabilities in Albania as perceived by preschool personnel. The perceptions of preschool personnel can serve as a valuable source in the evaluation of the quality of inclusive programs. Therefore, these findings can serve as a baseline for further studies, and they also have implications for future efforts aimed at evaluating and improving the quality of inclusive programming.

MATERIALS AND METHODS

Sample and Procedure

This study utilized convenience sampling, ensuring that the sample would reflect the proportions of specific roles of education professionals (such as heads of preschool programs, teachers of 3–6 year-old children, assistant teachers, physicians, and psychologists) within participating institutions. Participants were preschool staff selected to be part of the Help the Life Association project "Early Intervention, the Best Approach

to Advance Child Development” conducted with the public preschool staff of the Tirana municipality. The Help the Life Association is an Albanian NGO working since 1998 to promote the rights and wellbeing of children and youths with disabilities in Albania by advancing the professional capacities of early educational settings in Albania, strengthening the quality of support, development, and education of all children, including children with disabilities during their early stages of development. Prior to completing the survey, approval from the Center of Economic Development and Education of Children for recruiting participants was obtained. Participants were selected randomly from the lists of employees provided to the Help the Life Association by the Center of Economic Development and Education of Children. The invitations were sent via email along with the questionnaire in a Google form. Participation was voluntary, and participants were informed that their responses would remain confidential and that they could revoke their participation at any time. The survey data were collected in March 2019, and the authors of this research received help from the association project staff and external experts who were engaged in the research.

A total of 107 preschool staff, 98.1% of whom were women, participated in the current study. Of these, 97.2% were over 30 years old at the time of the study. Approximately 80% of the participants were educators of children aged 3–6 years, about 5% were assistant teachers, about 4% were the heads of the preschool programs, and the remainder were physicians and psychologists. More than 77% of participants had more than 5 years of experience working with children of this age group; 13% had no experience in working with children with development disabilities, 63% had sporadic experience, and 24% had adequate experience. The demographic characteristics of the final sample are shown in **Table 1**.

Measuring Instruments

The authors developed the questionnaire used in this study to examine the obstacles in the way of inclusive education for children with disabilities in Albania. The questionnaire included key features of high-quality and inclusive education programs

and the factors that had previously impacted the inclusion of and support for children with disabilities in early childhood settings as potential obstacles (DEC and NAEYC Joint Position Statement, 2009; Barton and Smith, 2015; Love, 2018).

Participants were asked to rate, on a scale from 1 (not at all) to 5 (very much), the extent to which the institutions in which they worked offered opportunities for the inclusion of children with disabilities aged 3–6. Participants were asked to indicate who, among the staff, provided additional support for children with disabilities within their preschool programs—the support staff, the preschool psychologist, or the regular preschool class teachers. Furthermore, the participants were asked to select and rate, on a scale from 1 (not at all) to 5 (very much), a list of the obstacles they face while working with children with disabilities. The potential obstacles identified in the survey included lack of support staff, lack of parental cooperation, lack of professional development in working with children with disabilities, lack of specific equipment and tools, and lack of learning materials.

Participants’ ($n = 107$) demographic characteristics (gender, age, year of experience) and information regarding their role in the preschool program were also collected as part of the questionnaire.

Analysis

Absolute numbers and respective percentages were used to describe the distribution of participants according to various categorical variables. Besides reporting absolute numbers and respective percentages, we used several other measures for describing and assessing variables.

Mean values and standard deviations were calculated for continuous (scale) variables, with the 5-point Likert scale variables being considered as discrete numerical variables ranging from 1 to 5. The Fisher-Freeman-Halton’s test was used to identify significant differences among categorical variables due to the small sample and zero frequencies in numerous table cells. The general linear model procedure (Tamhane’s T2 test) was used to check the statistical significance of the associations between continuous (scale) and categorical variables. In all cases, a relationship was considered statistically significant if $p < 0.05$. All the statistical analyses were carried out using IBM SPSS Statistics, version 22.

RESULTS

About two thirds of the participants declared their institution moderately supportive ($n = 36$; 33.6%) or very supportive ($n = 33$; 30.8%) of the comprehensive inclusion of children with disabilities. The average institutional support was 3.7 ($SD = 1.2$). Their responses are summarized in **Table 2**. The results indicate that a large proportion (64.4%) is aware of inclusive education, implying that more than one third still needs to be sensitized about the importance and relevance of inclusive education in the lives of children with disabilities.

TABLE 1 | General descriptions of the sample ($N = 107$).

Variable	<i>n</i>	%
Gender		
Female	105	98.1
Male	2	1.9
Age of personnel		
20–30 years old	3	2.8
>30 years old	104	97.2
Role in the preschool program		
Head	4	3.7
Teachers (3–6 year-old children)	85	79.4
Assistant teachers	5	4.7
Physician	7	6.5
Psychologist	6	5.6

TABLE 2 | Preschool personnel perceptions regarding their institution offering opportunities for inclusion of children with disabilities aged 3–6 years (responses from a total of 107 preschool personnel).

Mean institutional support for inclusiveness (SD)	3.70 (SD = 1.23)	
Variable	n	%
Level of opportunities for inclusion		
None	9	8.4
Little	9	8.4
Moderate	20	18.7
Many	36	33.6
Extremely	33	30.8

SD, standard deviation.

Type of Support Provided by Participants' Roles in Preschool Programs

Table 3 presents the distribution level and by whom additional support is provided to children with disabilities by role at the respective institution.

It can be observed that the differences are not statistically significant ($p > 0.05$); however, despite the lack of statistical significance, the data suggest that higher proportions of program executives (75%) and psychologists (67%) think that support for children with disabilities is provided by the institution's psychologist, while educators (43%), support educators (40%), and physicians (43%) were more likely to state that no special support was provided for children with disabilities.

Obstacles to Supporting Children With Disabilities

Participants were asked to rate several factors as potential barriers in their work to provide maximal support to children with disabilities. The primary obstacle that was identified was "lack of specific working tools and suitable facilities" ($M = 3.61, SD = 1.46^*$), followed by "lack of support staff" ($M = 3.44, SD = 1.42^*$), "lack of sufficient cooperation with parents" ($M = 3.38, SD = 1.35^*$), "lack of knowledge and supportive techniques" ($M = 3.33, SD = 1.35^*$), and "inadequacy of educational programs for the specifics of children with disabilities" ($M = 3.23, SD = 1.39^*$). About half of all participants

estimated that each of the listed factors negatively affected the provision of maximum levels of support for children with disabilities either *relatively* or *very much*. Their responses are summarized in Table 4.

Level of Obstacles by Role in Program

Table 5 presents the mean value of the perceived obstacles by the role that participants hold in the preschool programs. Assistant teachers and teachers rated the lack of support staff as a significantly lower barrier ($M = 1.40$ and $M = 3.41$, respectively) than did the other groups. Physicians rated the lack of sufficient cooperation with parents as a significantly greater obstacle ($M = 4.14$) compared to other groups. Supportive educators considered the lack of specific work tools and appropriate facilities a significantly lower obstacle ($M = 1.20$) compared to other groups.

DISCUSSION AND PRACTICAL IMPLICATIONS

The present study investigated the obstacles to supporting inclusion and providing effective early education programs for children with disabilities in Albania as perceived by preschool personnel.

The current study results indicate that preschool programs lack specific tools (learning materials) and suitable facilities for working with children with disabilities, support education/staff, adequate cooperation with parents, and knowledge and supportive techniques, as well as having inadequate educational programs for children with disabilities. Therefore, they demonstrate the need to improve the level of support for children with disabilities in the early education system by making appropriate interventions to create high-quality learning experiences and inclusive classrooms (Odom et al., 2011).

The field of early education and child development has stressed the concept that all children and families have universal needs that are shared by children with disabilities and their families (Hastings and Taunt, 2002). Moreover, the broader community benefits by supporting the needs of all children and their families. Therefore, identifying ways to meet these shared needs should be a focus for policy, funding, and planning in early childhood services (McLoughlin and Stonehouse, 2006;

TABLE 3 | Relationship (chi square test) between type of support for children with disabilities and role in preschool program (responses from a total of 107 preschool personnel).

Variable	Role in Program					p-value
	Head	Teacher	Assistant Teacher	Physician	Psychologist	
Type of support						
By the psychologist	3 (75)	47 (55)	3 (60)	4 (57)	4 (67)	0.140*
By assistant teachers	0 (0)	2 (2)	0 (0)	0 (0)	1 (17)	
By teachers and psychologist	0 (0)	0 (0)	0 (0)	0 (0)	1 (16)	
No special support	1 (25)	36 (43)	2 (40)	3 (43)	0 (0)	

Absolute number and column percentage (in parentheses). *p-value according to the Fisher-Freeman-Halton's test.

Moore, 2008). Quality cooperation between educational institutions and parents has been documented as essential for healthy development in all children (Dahlberg et al., 1999). Existing research has shown that parent training programs can improve parent stress, well-being, mental health, and self-efficacy, as well as the quality of parent-child interactions (Barlow et al., 2014).

In Albania, preschool programs need to provide a range of services and support to ensure and enhance children's development (Werner, 2000), strengthen family competencies, and promote the social inclusion of families and children (Meijer et al., 2007). Funding for early care and education for children with disabilities should be primarily reserved for participation in inclusive classrooms to help ensure adequate availability across geographic areas, as well as appropriate levels of staffing, services, environmental supports, and professional development in these programs (Lawrence et al., 2016).

Furthermore, specialized services for family-focused support, along with service planning and coordination, as well as assistance and support in accessing mainstream services, such as preschool and childcare, are needed for children with disabilities and their families. Albanian preschool programs should be further adapted to create inclusive settings in which children with disabilities are offered a vital space to support their optimal development through child-focused learning, play, participation, peer interaction, and the development of friendships (Kelly et al., 2012). In addition, staff members in early childhood settings should review their curricula and pedagogy to ensure they align with program standards and reflect inclusion (Buysse and Hollingsworth, 2009).

Public preschools should also focus on strengthening their personnel capacities and offering ongoing support to build and sustain capacity with respect to diversity, equity, and inclusion. The presence of additional staff beyond the typical staffing ratio as needed to support inclusion, as well as technical support and consultation, specialized equipment and materials, and effective communication with parents are all essential (Klingner et al., 2013).

Moreover, early childhood interventions and allied services should form an essential part of the services for young children with disabilities (Singer et al., 2007). Early childhood practitioners with specific expertise in building and supporting programmatic capacity might be needed to promote inclusion, and programs might also require additional technical support and consultations or specialized equipment and materials (Edwards, 2005). Taken together, these findings can serve as a baseline for further studies. They also have implications for future efforts aimed at evaluating and improving the quality of inclusive programming.

For children in inclusion programs, every effort needs to be made to ensure that the program quality is acceptable and that appropriate levels of services are provided, as a lack of necessary supports and services would deprive not only the child with a disability, but also the rest of the class (Rafferty and Griffin, 2005). While training for overall inclusion is essential, ongoing differentiated and specific training that focuses on effectively dealing with different disabilities is crucial (Brownell

TABLE 4 | Potential obstacles to maximally supporting children with disabilities (responses from a total of 107 preschool personnel).

Potential barrier factor	Absolute <i>n</i>	%
Lack of specific working tools and suitable facilities (<i>M</i> = 3.61; <i>SD</i> = 1.46*)		
Not at all	11	10.3
Little	21	19.6
Average	14	13.1
Relatively significant	14	13.1
Significant barrier	47	43.9
Lack of support staff (<i>M</i> = 3.44; <i>SD</i> = 1.42*)		
Not at all	11	10.3
Little	22	20.6
Average	21	19.6
Relatively significant	15	14.0
Significant barrier	38	35.5
Lack of sufficient cooperation with parents (<i>M</i> = 3.38; <i>SD</i> = 1.35*)		
Not at all	13	12.1
Little	14	13.1
Average	30	28.0
Relatively significant	19	17.8
Significant barrier	31	29.0
Lack of knowledge and supportive techniques for capacity building of children with disabilities (<i>M</i> = 3.33; <i>SD</i> = 1.35*)		
Not at all	10	9.3
Little	25	23.4
Average	22	20.6
Relatively significant	20	18.7
Significant barrier	30	28.0
Inadequacy of educational programs for the specifics of children with disabilities (<i>M</i> = 3.23; <i>SD</i> = 1.39*)		
Not at all	13	12.1
Little	24	22.4
Average	26	24.3
Relatively significant	13	12.1
Significant barrier	31	29.0

M = mean; *SD* = standard deviation.

et al., 2005). In particular, administrators should attend in-service training sessions provided to teachers and other staff. Provisions must be made for the ongoing re-evaluation of the specific arrangements for inclusion, such as the examination of placement decisions, class size and composition, support systems for both regular and special education personnel, and child outcomes. Furthermore, without effective administrators to address these issues, teachers are left in the untenable situation of having significant responsibility for the success of inclusion without the specific authority to change particular details to ensure that success.

Limitations and Future Directions

Several limitations of the current study have to be acknowledged and should be considered when evaluating these findings.

TABLE 5 | The associations (Tamhane’s T2 test) between barrier factors and the role that participants play at the institution; mean values from the general linear model (responses from a total of 107 child education professionals).

Barrier factors	Mean value	95% CI		p-value
		Lower limit	Upper limit	
Lack of specific working tools and suitable facilities				
Role in program				
Head	4.00	2.16	5.84	1.000
Teacher (children aged 3–6 years)	3.65	3.33	3.96	1.000
Assistant teachers	1.20	0.64	1.76	0.011
Physician	4.57	3.84	5.30	0.696
Psychologist	3.67	2.58	4.75	Reference group
Lack of support staff				
Role in program				
Head	4.00	2.16	5.84	0.998
Teachers (children aged 3–6 years)	3.41	3.11	3.72	0.021
Assistant teachers	1.40	0.72	2.08	<0.001
Physician	4.00	3.08	4.92	0.964
Psychologist	4.50	3.93	5.07	Reference group
Lack of sufficient cooperation with parents				
Role in program				
Head	3.75	2.23	5.27	0.558
Teachers (children aged 3–6 years)	3.36	3.06	3.67	0.422
Assistant Teachers	3.40	2.29	4.51	0.733
Physician	4.14	3.50	4.78	0.035
Psychologist	2.50	1.62	3.38	Reference group
Lack of knowledge and supportive techniques for capacity building of children with disabilities				
Role in program				
Head	3.75	1.36	6.14	0.754
Teachers (children aged 3–6 years)	3.36	3.12	3.68	0.392
Assistant teachers	3.40	0.76	2.84	1.000
Physician	4.14	3.26	5.31	0.069
Psychologist	2.50	0.94	3.39	Reference group
Inadequacy of educational programs for the specifics of children with disabilities				
Role in program				
Head	3.25	1.25	5.25	0.998
Teachers (children aged 3–6 years)	3.32	3.02	3.62	0.884
Assistant teachers	1.60	0.92	2.28	0.466
Physician	3.86	2.50	5.21	0.708
Psychologist	2.67	1.58	3.75	Reference group

Statistically significant ($p < 0.05$).

While the findings represent the current level of inclusion and obstacles to increased inclusion as a means to encourage inclusive practices for Albanian children, they only indicate the current situation in the main municipality of Albania and cannot be generalized to all Albanian preschool programs. Another limitation concerns the inability to examine variations in outcomes associated with specific subgroups within the

population of children with disabilities, as defined by the type of disability, family characteristics, or environmental risks due to both the lack of information about these characteristics and the small sample size. Moreover, further research that examines strategies for the effective implementation of preschool inclusion (e.g., awareness creation, teacher development) and the extent of communication between educators and parents is needed to further analyze the obstacles to inclusion and to improve practical recommendations (Staples and Diliberto, 2010). Further research should be conducted to evaluate the effectiveness of different teaching models, course organizations, and cooperation between staff in preschool institutions (e.g., heads of institutions, educators, psychologists, physicians). This will assist in the promotion of high-quality inclusion efforts, as well as in the creation of strategies to best develop competent personnel who can meet the diverse needs of all children. In this regard, the use of open-ended questions would also contribute to capturing additional relevant elements that could be used to explain the current findings and guide future interventions.

Moreover, evaluating teachers’ attitudes toward inclusion in preschool education could help identify areas in which teachers need additional support and could help educators implement effective and successful inclusion programs (Taylor et al., 1997). Thus, continued collaboration and consultation across all levels of the education system, including families, teachers, social service agencies, psychologists, and policymakers, is essential to promote creative and successful solutions for early childhood inclusion (Frankel, 2004).

DATA AVAILABILITY STATEMENT

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

ETHICS STATEMENT

The studies involving human participants were reviewed and approved by the University of Pristine, Faculty of Philosophy Ethical Committee. The patients/participants provided their written informed consent to participate in this study.

AUTHOR CONTRIBUTIONS

The research idea, has been developed by ZHD who has also contributed in all parts of the manuscript development and finalization. Each of other contributing authors have been involved in data gathering, analyzing, literature review, and manuscript development from the initial phases to the finalization of it. All authors contributed to the article and approved the submitted version.

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