



Pursuing early childhood inclusion through reinforcing partnerships with parents of disabled children: Beliefs of Greek pre-service early childhood educators

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Pursuing early childhood inclusion through reinforcing partnerships with parents of disabled children: Beliefs of Greek pre-service early childhood educators

Abstract

Early childhood inclusion for disabled children is a priority area as jointly stated by United Nations' and European Commission's policies. Educators have a crucial role in supporting all children's learning by working cooperatively with parents. However, their internalized ableist/disablist beliefs and misconceptions can inhibit the process of inclusion and effective parental partnership. Initial Teacher Education (ITE) is the pivotal factor in preparing early childhood educators (ECEs) for inclusive learning environments. Therefore, this survey investigated 332 Greek pre-service ECEs' preparation and their beliefs of self-efficacy of inclusion and parental empowerment. Results show that pre-service ECEs' knowledge has an impact on their beliefs about inclusion. Additionally, **our results highlight the need to approach ITE through inclusive and critical disability studies pedagogies. Such an orientation** could provide prospective ECEs with the mental models and confidence that augment their willingness for supporting inclusion, and collaborating with parents, leading to a transformative praxis.

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Introduction

According to the European Union's Quality Framework, Early Childhood Education and Care (ECEC) needs to be guided by high-quality services, parents' participation as partners and a child-centered approach that actively involves all children (The Council of the European Union [CEU] 2019). ECEC is the provision of support offered to children before they enter primary education and follows each country's regulatory framework (European Agency for Special Needs and Inclusive Education [EASNIE] 2017a).

In ECEC, the inclusion of disabled children has been identified as a priority area jointly by the United Nations (2015) and the European Commission (2021a). Parents and professionals should collaboratively work on encountering challenges and securing inclusive and equitable quality provision (CEU 2019; EASNIE 2017b). In succeeding this, the European Commission, through the recently released Strategy for the Rights of Persons with Disabilities 2021-2030 and the Toolkit for Inclusive ECEC, places high on the agenda for its member-countries the issue of teacher education for inclusion, starting with addressing competencies of early childhood educators (ECEs) even before they enter the ECEC workforce (European Commission 2021a; 2021b).

Although in some countries inclusive education is still focused on supporting disabled children within mainstream education, internationally, it is increasingly seen as an approach that **responds to and supports children's gender, cultural and ability diversity within a classroom** (Ainscow 2020). In early years, inclusion refers to the right of every child to actively participate in their communities (including ECEC services) with their families, and learn and develop **to their potential** (EASNIE 2017b). Research suggests that adopting a definition of inclusion as an ongoing process linked to the identification and removal of barriers so that all children can

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3 participate, can be helpful (Ainscow et al. 2006) and is linked to a human rights-based approach
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5 to education. Nevertheless, disabled children and their parents may experience limited access
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7 to ECEC (Hirpa 2021; Van Hove et al. 2009). A key factor that sets barriers for inclusion is
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9 ECEs' internalized disablist beliefs and misconceptions leading, by extension, to the use of
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11 practices of low-quality (Fyssa, Vlachou, and Avramidis 2014; Strogilos et al. 2020).
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13 Consequently, Initial Teacher Education (ITE) programs have a crucial role in developing
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15 educators' beliefs and self-efficacy towards inclusion.
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22 This article presents a preliminary quantitative study conducted in Greece focusing on the
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24 characteristics of ITE in inclusion for preparing ECEs as offered by University Departments
25
26 (UDs). Furthermore, it investigates their beliefs about the inclusion of disabled children and
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28 their self-efficacy, as inclusive ECEs, as well as their perceptions of parental empowerment, an
29
30 important aspect of parent partnership. We argue that a Critical Disability Studies (CDS)-
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32 infused pedagogy is a key component for the implementation of radical inclusion by the future
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34 educators. Inclusive education demands educators to rethink education and disability (Goodley
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36 2016) through an understanding and vision that are not defined by ability and ableism. Ableism
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38 works in conjunction with disablism; "the oppressive and discriminatory treatment of disabled
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40 people" (Liddiard 2020, n.p.). CDS as an interdisciplinary field of theorizing and activism
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42 retains alliance to praxis (Goodley et al. 2019). According to CDS theory "disability is the space
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44 from which to think through a host of political, theoretical and practical issues that are relevant
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46 to all' (Goodley 2016, 157). CDS highlights the importance of anti-oppressive and anti-
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48 disablist/disability-focused pedagogies (Beckett 2015; Beckett and Buckner 2012) as they
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50 examine, through the lenses of critical and post-critical pedagogy, matters of oppression,
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52 inequity, social justice, ableism, and disablism. Consequently, they invest in the education of
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54 Other (pedagogy 1), the education that is critical of privileging and Othering (pedagogy 2), and
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3 the education that changes pre-service educators and society (pedagogy 3) (Kumashiro 2000;
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5 Symeonidou and Chrysostomou 2019). Recognizing the deleterious effects of disablist beliefs
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7 on children and their parents, we are adopting the term ‘disabled children’ following the social
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9 model of disability (McColl 2019), which is the foundation of CDS. This study is important,
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11 given the current emphasis of the European policy frameworks described above in relation to
12
13 the inclusion of disabled children in ECEC and the limited research on ITE and parent
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15 partnership in Greece.
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21 **Parent Partnership**

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23 Literature and practice highlight the importance of parents’ role in the education of disabled
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25 children (Murray et al. 2013). Collaboration with parents is at the heart of international policy
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27 (European Commission 2021b) recognizing that a strong parent-professional partnership in
28
29 education can facilitate children’s progress. Partnership refers to a relationship that involves
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31 collaboration among different parties with mutual interests. Based on the responsibilities and/or
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33 power of the different stakeholders involved it can be formal or informal, static or dynamic,
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35 and vertical or horizontal (Hujala et al. 2009). Effective partnerships between parents and
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37 professionals are characterized by mutual respect, trust, shared goals, and decision-making.
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39 They also involve valuing parents, prioritizing good-quality relationships, building effective
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41 communication with them, and developing school policies-practices (Mann et al. 2020).
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49 Parental involvement requires and supports the development of family’s empowerment.
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51 Empowerment “is the process of a family acquiring the skills, resources, authority, opportunity,
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53 and motivation” (Murray et al. 2013, 146) with the aim to meet their needs. It includes
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55 characteristics such as: playing an active role in the education and decision-making; receiving
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57 access to resources; bringing about change in one’s life and/or community; feeling part of a
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3 group; having a sense of self-efficacy; experiencing hope; changing perceptions and learning
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5 to think critically; and receiving respect (Murray et al. 2013).
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10 While the literature highlights the importance of parental involvement and empowerment, the
11
12 practice in education indicates that parent-professional partnership faces several challenges that
13
14 hinder the effectiveness of cooperation, trust, and understanding. This also applies to the field
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16 of inclusion, as studies pinpoint the difficulties that all parties involved face in building
17
18 partnerships for supporting the education of disabled children (Mann and Gilmore 2021).
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20 Historically, the medical model of disability, which views disability as a deviance from
21
22 ‘normal’ and an individual problem (Haegele and Hodge 2016), places professionals in power
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24 positions towards parents in decision-making processes concerning disabled children’s lives.
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26 These traditions, however, still influence the power dynamics between parents and
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28 professionals. Parents report that, although they are key informants, their interaction with
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30 professionals often disempowers them (Murray et al. 2013). Professionals’ knowledge is
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32 prioritized and privileged (Hodge and Runswick-Cole 2008) while parents’ voices are not
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34 always heard in decision-making and problem-solving procedures. Parents frequently feel
35
36 **pressured** to comply with professionals’ decisions and suggestions that in many cases, are
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38 shaped from a distant position disengaged from parents’ lifeworld and their day-to-day
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40 experience of parenting a disabled child (Hodge and Runswick-Cole 2008). **For example, when**
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42 **they advocate for their disabled children and express their dissatisfaction with policies or**
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44 **professionals’ suggestions are seen as “difficult” and face hostile attitudes.** Such disablist
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46 practices, do not impact only disabled children but their parents too, increasing their stress-
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48 levels and negatively affecting their wellbeing (Liasidou and Hadjiyiannakou 2019), something
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50 that is not always recognized by educators.
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ITE on Inclusion

Educators need to support all students' learning, cooperating with parents and agencies, taking important decisions. As the facilitators of inclusion, they need to be prepared to respond to diversity without categorizing or stigmatizing children (Symeonidou and Phtiaka 2009). Effective inclusion has been linked to high-quality teaching (Mitchell and Sutherland 2020), which involves strategies based on evidence-based pedagogical approaches. However, what teachers do in their classrooms and what they believe are also essential elements of inclusion (Forlin et al. 2009).

ITE programs have a key role in preparing educators for diverse educational environments shaping attitudes/beliefs that support inclusion (Sharma and Nuttal 2016) and combat discrimination and exclusion. The need to support and equip educators with skills and strategies that are responsive to the diverse needs of all learners has been highlighted by policy documents (UNESCO 2020) and research (Florian and Spratt 2013). Therefore, several questions have been raised about the quality of ITE programs and the way they prepare future educators.

Criticism of ITE include the argument that specific skills are required for working with disabled children and that these are not adequately addressed (Hodckinson 2005). **This also relates to a common misconception that only educators who have received ITE in Special Education are responsible to support disabled children.** Additionally, it has been suggested that educators do not feel adequately prepared to meet the needs of disabled children (Sharma and Pace 2019). Researchers that support the broader concept of inclusion for all children -not only the disabled children, as the narrow understanding of inclusion suggests (Nutbrown and Clough 2013)- argue that ITE **should focus on high-quality pedagogy for all and not a one size fits all pedagogy (Cologon and Lassig 2020).**

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5 A literature review by Symeonidou (2017) identified three approaches to providing educators
6 with the required skills and knowledge for inclusion: single-unit approaches that are based on
7 lectures, workshops, and activities; content-infused approaches that focus on incorporating
8 issues of diversity and inclusion in all units of study; and approaches with an element of school
9 placement/experience. Symeonidou observed no significant differences of the effectiveness
10 between single-unit and content-infused approaches in ITE. For example, a study on a single-
11 unit approach found that pre-service educators developed positive attitudes after a unit that
12 focused on inclusion (Forlin et al. 2009), while Forlin and Chambers (2011) found no
13 differences in attitudes after the completion of an inclusion-related unit. Concerning the
14 content-infused approaches, studies show that, in some cases, they are not more effective than
15 single-unit (Loreman and Earle 2007), while other studies indicate positive effects on pre-
16 service educators' attitudes towards inclusion (Rouse and Florian 2012). Finally, studies on pre-
17 service teachers' beliefs about school placement evidence that placement is a valuable learning
18 experience that helps them form more inclusionary beliefs (Rose and Garner 2010).
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40 Nevertheless, ITE should cover inclusive approaches to teaching, such as a focus on providing
41 rich learning opportunities available to all children instead of planning for the majority and
42 differentiating for some (Florian and Black-Hawkins 2011). Reflective teaching (Sharma
43 2010), and valuing diversity are also necessary. Overall, the adoption of a CDS framework
44 could enhance the development of inclusive anti-disablist approaches to teaching, so future
45 educators would contribute effectively to the implementation of inclusion.
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56 **Greek Context**

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3 In Greece, separate systems have been adopted for ECEC provision. ECEC for children under
4 the age of 4 is optional, while it is compulsory for children aged 4-6 years old. As of November
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8 29, 2021, the Eurydice network explains the operation of infant/childcare centers which cater
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10 for younger children and kindergartens for 4-6 years old children which are regulated by
11
12 different Ministries. According to the report of Sachs et al. (2021), 94.7% of Greek
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14 kindergartens cover the education of children. This rate needs to be increased to achieve
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16 sustainable and inclusive education by 2030. Paradoxically, no evidence exists on how Greece
17
18 ensures inclusive quality ECEC services for all children before they enter primary education.
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21 Moreover, the required coherence in ECEC has not been achieved, as the dichotomy between
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23
24 'care' and 'education' is built into the system (Birbili and Christodoulou 2018).
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29 This dichotomy has generated different approaches in relation to the inclusion of disabled
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31 children too. A legislative framework for the provision of equal opportunities for disabled
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33 children aged 4-6 years to participate in kindergartens is available by the Ministry of Education
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35 (Law 3699/2008). Furthermore, a new National Curriculum for the kindergarten accompanied
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37 with guidelines for educators suggesting the principles of differentiated pedagogy and inclusion
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39 has been developed (Institute of Education Policy 2014; 2015). These educational reforms
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41 suggest educators differentiating the curriculum to be inclusive. Recently, a new pedagogical
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43 framework for children till the age of 4 was designed to bridge the gap between infant/childcare
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45 centers and kindergartens and highlight their pedagogical role (Dianeosis and Ministry of Labor
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47 and Social Affairs 2021). However, this created tensions as it does not offer a clear conceptual
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49 framework around quality and hinders coherence in ECEC. Furthermore, the terms 'inclusion'
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51 and 'integration' are used interchangeably, despite integration's focus on absorbing disabled
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53 children into existing educational settings, without reforming the learning environment to
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3 enable each learner to participate in a variety of experiences with their peers, as inclusion
4 suggests (Graham 2020).
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10 Although research in this area is limited, the quality of practices in ECEC has been questioned
11 (Gregoriadis et al. 2016). Apart from the difficulties in planning for everyone including disabled
12 children in kindergartens (Strogilos et al. 2020; Vlachou and Fyssa 2016), working closely with
13 disabled children's parents to support participation and progress can be challenging (Fyssa and
14 Vlachou 2015). A qualitative case study conducted by Strogilos and Tragoulia (2013) based on
15 observations and interviews showed that Greek educators described parents' input in the
16 education of their disabled children as intruding. Further, according to the educators of the same
17 study, 'unqualified' parents were 'teaching' educators; an action that on one hand causes
18 frustration to educators, and on the other hand indicates lack of compatibility and trust between
19 parents and educators. The importance of parents' role is at the heart of national policy
20 frameworks (IEP 2014) and parental empowerment is an important element for the inclusion
21 for all children. However, the barriers discussed dictate the need for further research.
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40 There is also a need to focus on ITE for inclusion, given the results of a qualitative study
41 conducted by Fyssa, Vlachou and Avramidis (2014). The researchers interviewed 77 in-service
42 ECEs' beliefs about inclusion and found an optimistic pattern as ECEs associate inclusion with
43 active participation. However, ECEs focused on children's impairment to determine their
44 placement in mainstream education. Apart from the dichotomized ECEC systems, ITE for
45 educators is delivered by different UDs. Until 2018, there were three Technological Educational
46 Institutes (TEIs) responsible for the preparation of students to work as professionals in
47 infant/childcare centers. There are nine UDs responsible for the preparation of students to work
48 as professionals in kindergartens. Their programs follow different curricula and teaching
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3 practices (Birbili and Tsitouridou 2019). Recently, former TEIs gained a university status.
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5 Research on pre-service ECEs' preparation studying to work as infant-toddler educators and
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7 those studying to work as kindergarten educators on inclusion and their beliefs of self-efficacy
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9 and parental empowerment can shed light on the aforementioned gaps. **Given the breadth of**
10
11 **ITE programs in Greece and our focus on gaining an overview of ECEs' preparation on**
12
13 **inclusion, we followed a quantitative methodological approach in our study.** The following
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15 research questions are addressed:
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19 1. What is involved in Greek pre-service infant-toddler and kindergarten educators'
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21 preparation on inclusion in ECEC?
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24 2. What are their beliefs of self-efficacy regarding inclusion of disabled children and
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26 parental empowerment?
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30 31 **Methodology**

32 33 *Participants*

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35 Participants were 172 pre-service infant-toddler and 160 kindergarten educators enrolled in ITE
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37 programs in Greece. A preparatory mapping of the ITE curricula through the official websites
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39 of both categories of UDs offered us an overview of the existing modules, if any, around
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41 disabled children's education. Next, we contacted colleagues who taught modules on special-
42
43 inclusive education and the Heads of the UDs explaining the purpose of the study and asking if
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45 they could facilitate recruitment by posting announcements about the study. Participation
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47 criteria required respondents to be in the final year of their undergraduate studies, given that
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49 they have a more solid experience of their program and educational placement. Ethical approval
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51 was obtained by the Ethics Committee of the University of Patras-Greece.
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58 59 *Instrument*

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3 Quantitative data were collected using a three-part survey instrument. The first part asked
4 participants to provide information about their age and gender. Academic major and attendance
5 of courses focusing on the education of disabled children were also requested. Participants were
6 asked to determine the main theme of their courses using a range of predefined categories (i.e.,
7 types of impairment, models of disability, philosophy of inclusion/inclusive pedagogy,
8 inclusive education practices, rights and equity in education for disabled children, collaboration
9 between parents and educators). Investigating the content of these courses was beyond the scope
10 of this study. Instead, we focused on the courses' main themes.
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24 The second part of the survey collected information about participants' beliefs towards
25 inclusion and their self-efficacy to implement inclusive practices. An adapted version of the
26 Beliefs about Inclusion (BI) Scale and the Sense of Self-Efficacy for Inclusion (SSEI) Scale
27 drawn from a questionnaire developed by Symeonidou and Phtiaka (2009; 2012) was used.
28 Both scales were developed for in-service primary teachers in Cyprus. Although the language
29 and policy systems in the two countries have similarities, we made some changes to elicit the
30 views of our participants' characteristics (i.e., ITE students enrolled for early childhood
31 studies).
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45 Originally, BI Scale contained 18-items approaching the education of disabled children through
46 four dimensions: special schooling, medical approach, charity approach, and inclusion
47 prerequisites. SSEI Scale was based on 29-items assessing educators' self-efficacy for
48 identifying and responding to disabled children's needs according to the legal frameworks;
49 organizing inclusion (i.e., designing and delivering inclusive practices effectively at the level
50 of school and classroom); promoting socialization; differentiation; and collaborating with other
51 professionals, working in and outside the school, as well as with parents of disabled children,
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3 to facilitate their inclusion. In order to meet the objectives of the present study, initially, we
4 adapted the instructions and items of the scales in terms of ECEC. We also added instructions
5 about the extent to which they acquire skills that make them feel confident to implement
6 inclusion through their studies. Furthermore, we adapted and added items on the dimensions of
7 ‘organizing inclusion’ and ‘differentiation’ to describe routines/activities in ECEC (e.g., ‘I can
8 promote access and participation for a disabled child during routines’).
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19 Regarding the BI Scale, only two of the five items were retained given that some charity
20 practices, as described by Symeonidou and Phtiaka, are not followed in the Greek context. The
21 items measuring participants’ beliefs about educating disabled children in segregated ECEC
22 settings were extended with the aim to focus on all possible cases of children with a diagnosed
23 disability. Similarly, the items related to the ‘inclusion prerequisites’ dimension were extended
24 with the aim to assess more issues, other than attitudes. Items about policies and practices were
25 constructed (e.g., ‘A fundamental prerequisite for substantial early childhood inclusion of a
26 disabled child is the policy frameworks’). The BI and SSEI scales used included 16 and 29
27 items, respectively. Both scales followed a 5-point Likert-type inventory (1=strongly disagree
28 and 5=strongly agree). A higher score represented a higher degree of agreement with
29 statements.
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47 The third part included the Family Empowerment Scale for Professionals (FES-P; Vuorenmaa
48 et al. 2013) which was based on the original FES (Koren, DeChillo, and Friesen 1992),
49 developed to assess empowerment in families with disabled children. As modified and validated
50 by authors, FES-P contained 32-items measuring the extent to which professionals in
51 educational, social, and health services reinforce parental empowerment for children aged 0-9
52 years. For the purpose of this study, we adapted the instructions of the FES-P to examine the
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3 extent to which respondents recognize parental empowerment as a significant component of
4 early childhood inclusion. Participants were asked if they agreed or disagreed with each
5 statement on a 5-point scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Confirmatory
6 factor analysis from the study in Finland yielded a three-dimensional factor structure, namely,
7 'family', 'service system', and 'community'. FES-P has displayed good construct validity and
8 high reliability with a Cronbach's alpha ranging from .82 to .96 (Vuorenmaa et al. 2013). It was
9 translated in Greek following back-translation procedures.

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21 The survey was delivered in two different forms: an online version and in print, and could be
22 completed in 20-minutes. In both cases, participants were provided with a letter explaining the
23 purpose of the study, the inclusion criteria and the ways for securing volunteer and anonymous
24 participation.

25 26 27 28 29 30 31 32 33 ***Data analysis***

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35 The SPSS version 22.0 was used to code and analyze the participants' responses. Prior to
36 conducting our main analyses, we examined the factorial structure of all scales employed. A
37 series of principal components analysis with varimax rotation was conducted regarding BI and
38 SSEI scales. In relation to the BI scale, the analysis yielded three components, namely 'special
39 ECEC provision', 'medical approach', and 'inclusion prerequisites'. In relation to the SSEI
40 scale, the analysis revealed four and not five factors, as anticipated by the study of Symeonidou
41 and Phtiaka (2009). To capture the differences found in relation to factor one, we decided to
42 define this factor as 'efficacy for applying policy and organizing inclusion'. The remaining
43 factors retained their initial characterization as 'efficacy for promoting socialization, 'efficacy
44 for differentiation', and 'efficacy for collaboration'. Details of the factorial solutions produced,
45 and the internal consistency of the extracted components are presented in Table 1. To verify the
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factorial validity of the FES-P scale, a confirmatory factor analysis was conducted employing the structural equation modeling using AMOS version 22.0. The analysis demonstrated a good fit to the hypothesized 3-factor model (i.e., ‘family’, ‘service system’, and ‘community’), and adequate internal consistency for the scale was evidenced (Model fit indices were: $\chi^2=1.028,90$, $df=433$, $\chi^2/df=2.38$, CFI=.88, GFI=.82, AGFI=.78, RMSEA=.07, PCLOSE=.01).

Table 1. Eigenvalues, percentage of variance explained and Cronbach alphas of all extracted factors.

Instruments	Eigenvalues	% of variance	Cronbach's a
Special ECEC provision	3.55	22.24	.87
Medical approach	2.11	13.17	.60
Inclusion prerequisites	2.92	18.26	.78
Efficacy for applying policy and organizing inclusion	7.03	24.25	.94
Efficacy for promoting socialization	4.24	14.62	.92
Efficacy for differentiation	3.99	13.77	.87
Efficacy for collaboration	3.32	11.46	.82

We used descriptive statistics to convey the characteristics, learning experiences, and beliefs of respondents about the inclusion of disabled children. Further, we compared participants' beliefs about inclusion and their self-efficacy for inclusive practices across demographic variables (such as studies and attendance at lecture courses about special and/or inclusive education)

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3 using non-parametric statistics (Mann-Whitney). Finally, a stepwise logistic regression was
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5 conducted to examine the extent to which the beliefs participants held towards inclusion and
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7 self-efficacy for inclusive practices are predictors of parental empowerment in facilitating
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9 inclusion.
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14 **Results**

15 *Demographics*

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17 From the 332 pre-service ECEs who completed the survey, 172 (51.8%) were pre-service
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19 infant-toddler educators and 160 (48.2%) pre-service kindergarten educators. As expected,
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21 there was a substantially higher proportion of female respondents (pre-service kindergarten
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23 educators 96.5%- or 3.5%; pre-service infant-toddler educators, 98.1% or 1.9%) which is
24
25 representative of gender split in the initial education for ECEs. In both groups, 91.7% of the
26
27 participants were aged between 20 and 25. The participating pre-service kindergarten educators
28
29 had completed courses on special-inclusive education with a frequency of 84.4%, while pre-
30
31 service infant-toddler educators with a frequency of 49.4%. Such a notable difference was
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33 expected, given that UDs which prepare educators to work in kindergartens through their
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35 curriculum offer more opportunities to their students to choose compulsory as well as elective
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37 courses relevant to special-inclusive education.
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47 Strikingly, both groups reported that most often (>80%) studied about different types of
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49 impairment and how to teach disabled children individually. Details on the main theme of the
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51 courses that both groups studied are presented in Table 2.
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Table 2. Frequency of the main theme contents that pre-service kindergarten and infant-toddler educators studied for supporting the education of disabled children.

Main theme content	Pre-Service Kindergarten Educators		Pre-Service Infant- Toddler Educators	
	n	%	n	%
	Types of impairment	110/135	81.5%	73/84
Inclusive education practices	58/135	43.0%	25/84	29.8%
Rights and equity in education for disabled children	55/135	40.7%	31/84	36.9%
Philosophy of inclusion/inclusive pedagogy	56/135	41.5%	26/84	31.0%
Models of disability	49/135	36.3%	26/84	31.0%
Collaboration between parents and educators	32/135	23.7%	29/84	34.5%

Mean scores

Means and standard deviations were calculated for all variables as summarized in Table 3. Mean scores varied between 2.9 ('efficacy for applying policy and organizing inclusion') and 4.0 ('inclusion prerequisites', 'family', and 'system services'). Most variables presented mean scores that indicate the respondents' 'neutral' beliefs (i.e., slightly above 3). Three variables

presented mean scores that suggest more ‘positive’ beliefs (i.e., equal to 4), while one variable displayed a mean score that suggests participants’ ‘negative’ beliefs (i.e., below 3).

Table 3. Means and standard deviations of all variables.

Variable	Minimum Score	Maximum Score	Mean	Standard Deviation
Special ECEC provision	1.0	5.0	3.2	1.0
Medical approach	1.0	5.0	3.6	0.8
Inclusion prerequisites	1.3	5.0	4.0	0.7
Efficacy for applying policy and organizing inclusion	1.1	5.0	2.9	0.7
Efficacy for promoting socialization	1.0	5.0	3.7	0.7
Efficacy for differentiation	1.0	5.0	3.1	0.9
Efficacy for collaboration	1.0	5.0	3.6	0.8
Family	1.0	5.0	4.0	0.5
Service system	1.0	5.0	4.0	0.5
Community	1.0	5.0	3.9	0.6

Comparisons with Mann-Whitney U test

Results of Mann-Whitney U test are reported in Figures 1 and 2. Pre-service infant-toddler educators reported significantly higher focus on special ECEC provision ($p < .01$) and medical

approach ($p < .001$) in comparison to pre-service kindergarten educators. Surprisingly, the same group of participants held significantly higher self-efficacy perceptions for promoting socialization ($p < .01$), differentiation ($p < .05$), and collaboration ($p < .001$). Additionally, comparisons between participants determined by attendance or not of courses focusing on the education of disabled children were conducted. The analysis showed that student ECEs who had attended related courses scored lower on specific dimensions of the BI scale ('special ECEC provision' and 'medical approach', $p < .001$) than their peers who had not. No other differences in relation to course attendance were detected in the other variables examined. It was not possible to compare the respondents in relation to the theme content of the courses they had attended due to the lower representation of participants in theme contents related to the 'philosophy of inclusion', 'inclusive education practices', 'rights and equity in education for disabled children', 'models of disability', and 'collaborative practices between parents and educators' in comparison to the 'types of impairment' theme content.

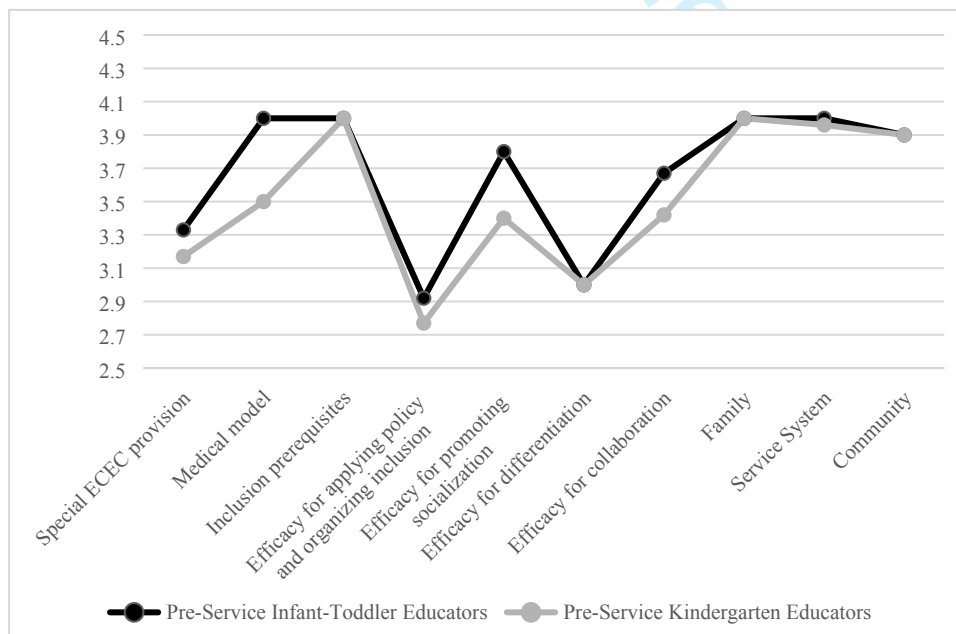


Figure 1. Beliefs about inclusion, self-efficacy for implementing inclusion, and parental empowerment between pre-service infant-toddler and kindergarten educators.

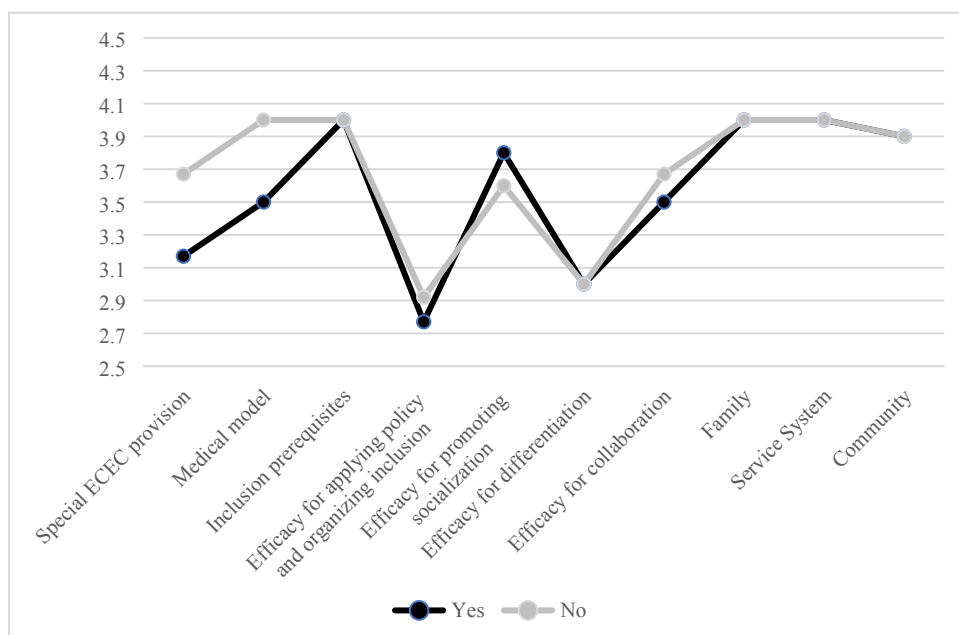


Figure 2. Participants' beliefs about inclusion, self-efficacy and parental empowerment by attendance of lecture courses.

Regression analyses

A series of stepwise regression analyses was conducted in order to understand the impact of pre-service ECEs' beliefs about inclusion and their self-efficacy for inclusive practices on their beliefs about parental empowerment. As the analysis showed, efficacy for 'collaboration' and 'applying policy and organizing inclusion' independently and significantly predicted both the 'family' and 'community' dimensions of the FES-P. Regarding the family dimension, results showed that 'efficacy for collaboration' ($\beta=.17, p<.01$) and 'efficacy for applying policy and organizing inclusion' ($\beta=.16, p<.01$) predicted the participants' interest in empowering parents for managing daily situation at home with their disabled child. Regarding the 'community' dimension, results showed that 'efficacy for collaboration' and 'applying policy and organizing inclusion' predicted at the same size ($\beta=.13, p<.01$) their interest in promoting parents' advocacy with the aim to improve services for disabled children in general. The last set of

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3 analyses revealed that ‘efficacy for collaboration’ ($\beta=.22, \rho<.001$) and ‘inclusion prerequisites’
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5 ($\beta=.12, \rho<.01$) significantly influenced the participants’ interest in empowering parents to
6
7 actively work with service systems to get the services needed by their child (i.e., the ‘service
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9 system’ dimension of FES-P).
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14 **Discussion**

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16 Our study indicates that pre-service kindergarten educators have more opportunities through
17
18 their studies to attend classes with a focus on the education of disabled children, compared to
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20 pre-service infant-toddler educators. In both cases, it was found that Greek UD organizers organize ITE
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22 on aspects related to disability following a single-unit approach as programs include mainly
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24 core and/or optional modules. Further, comparison analyses between student ECEs determined
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26 by attendance and non-attendance of modules dedicated to the education of disabled children,
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28 showed that participants who had attended relevant modules scored lower on the ‘special ECEC
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30 provision’ and ‘medical approach’ dimensions of the BI scale than their peers who had not.
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32 This finding suggests that knowledge on disability may trigger the shift from exclusionary
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34 beliefs towards more inclusionary.
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42 However, according to our findings, ITE programs for ECEs examine disability more
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44 commonly through the lenses of impairment categories. In a lower frequency, participants
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46 stated that they attended classes on ‘inclusive education practices’, ‘rights and equity in
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48 education for disabled children’, ‘philosophy of inclusion or inclusive pedagogy’, ‘disability
49
50 models’, and ‘collaboration between parents and educators’. Garzón Díaz and Goodley (2021)
51
52 note that the “shopping list” approach, where teaching is devoted to the different categories of
53
54 impairment, outlining the diagnoses label by label, is a common tactic to introduce disability.
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56 The special educational framings emphasize the psychological (Garzón Díaz and Goodley
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1
2
3 2021) and medical aspects of childhood disabilities. The medicalized and medicalizing
4 framings of disability still occupy a core space in the training of ECEs, and apparently the Greek
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6 UDIs in early childhood studies are not an exception to this haunting tradition. This can affect
7
8 ECEs' beliefs because it reinforces the understanding of disability as a medical phenomenon
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10 and leads to a deficit perspective (Haegele and Hodge 2016).
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17 Additional restrictive tendencies of pre-service infant-toddler educators were that they (a)
18
19 focused more on segregated forms of provision for disabled children and (b) approached
20
21 disability as an individual problem more frequently compared to pre-service kindergarten
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23 educators. According to Symeonidou and Chrysostomou (2019), the association of inclusion
24
25 with an individualistic approach to disability may lead to a scattered implementation of
26
27 inclusion. From this perspective, concerns arise as to what pre-service infant-toddler educators
28
29 understand when they report that they are confident to promote 'socialization', 'differentiation',
30
31 and 'collaboration' as future ECEs. Even though, this study offers very limited data for
32
33 analyzing this finding, literature suggests that differentiated instruction is understood in vague
34
35 ways as there is no clear definition and agreement about instructional practice by in-service
36
37 ECEs (Strogilos et al. 2020). The pre-service infant-toddler educators' response in our study
38
39 could be linked with the understanding of differentiated instruction as a 'child's deficit-oriented
40
41 activity'; an approach that focuses on 'fixing' the deficits of disabled children, overlooking the
42
43 limitations imposed by the curriculum, environmental arrangements, and educational practices.
44
45 Participants' responses about self-efficacy in socialization for disabled children and
46
47 collaboration with families and other professionals **require further research**, because these are
48
49 crucial dimensions of high-quality early childhood inclusion (Bartolo et al. 2021) and as such,
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51 highly demanding procedures that necessitate design, implementation, and evaluation (Blewitt
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53 et al. 2021).
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6 Finally, in our study we sought to understand the impact of pre-service ECEs' beliefs and self-
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8 efficacy towards inclusion and parental empowerment. The analysis showed that ECEs'
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10 recognition of the prerequisites of inclusion and their self-efficacy for the dimensions 'applying
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12 policy and organizing inclusion' and 'collaboration' predict their willingness to reinforce
13
14 parental empowerment. This finding highlights that when ITE emphasizes on key aspects of
15
16 inclusion it can provide ECEs with the mental models and the confidence that augment their
17
18 willingness for supporting and collaborating with parents. This develops the critical hope that
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20 can lead to the transformative praxis (Freire 2005). Zembylas (2013) defines critical hope as "a
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22 relational construct that is both emotional and critical" (13). Inclusion can only be supported
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24 and promoted by ECEs who are critically hopeful, meaning that they are involved in a critical
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26 thinking of power relations and factors that reproduce inequalities in education, and they present
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28 the willingness to engage in the difficult work of transformation. This transformation requires
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30 work on constructing, deconstructing, and reconstructing one's beliefs, knowledge and praxis;
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32 work that takes place in relation with the self and the others. Critical hope involves the
33
34 development and application of critical reflection that creates feelings of connectedness,
35
36 solidarity, and relationality with others. This feeling of connectedness is precisely what would
37
38 make prospective ECEs "bear witness to oppression, social injustice, and past wrongdoings"
39
40 (Zembylas 2013, 14). Hodge and Runswick-Cole (2008) pinpoint that parents of disabled
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42 children are positioned within "the habitus of disability" and for that reason their life
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44 experiences are different from those of the professionals. The habitus of "expert" secures for
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46 the professionals a safe distance from the living experience of disability and the day-to-day
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48 impact of oppression and inequalities. This positioning in different and distant habiti is a barrier
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50 to parent-professionals partnerships that critically hopeful educators should break down.
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52 Effective partnerships with parents for pursuing inclusion are built through the connectedness
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3 and relationality where parents' experience, aspirations and expertise are valued, and the
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5 priority is the development of policies and practices that promote parent-teacher partnerships.
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10 **Conclusion**

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12 The findings of this study need to be treated with caution, given that the concept of ITE for
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14 Greek ECEs on disabled children and their parents' inclusion in ECEC was approached only
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16 quantitatively. However, this article initiates discussion about ITE for ECEs and their beliefs
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18 about inclusive education of disabled children in Greece.
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24 The findings suggest that Greek UD should enhance their ITE by incorporating CDS in their
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26 curriculum, not only through single-unit approaches but also through content-infused
27
28 (Symeonidou 2017), thus disabling and ableist power and knowledge could be critically
29
30 challenged. In this way, prospective ECEs could re-imagine and radicalize the meaning of non-
31
32 normative "embodiment/enmindment" in education (Douglas and Martino 2020). This should
33
34 also be encouraged through placement experiences, given that the developing field of CDS
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36 provides a framework "to think through act, resist, relate, communicate, engage with one
37
38 another against the hybridized forms of oppression and discrimination that so often do not speak
39
40 singularly of disability" (Goodley 2013, 641).
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47 A CDS-infused pedagogy could offer an in-depth multidisciplinary understanding that values
48
49 differentiation of instruction, disabled children's socialization, and collaboration with parents
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51 as important practices for pursuing social justice, equity and centering the humanity of disabled
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53 children and their parents in ECEC (Love & Beneke 2021). Consequently, ITE should be in
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55 line with the ongoing research and scholarship that aims at countering ableism and deficit-
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oriented educational practices, and promoting a just-driven and inclusive stance in the field of ECEC.

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