



GUVERNUL
REPUBLICII MOLDOVA



WORLD BANK GROUP The Government of Japan



FISM

FONDUL DE
INVESTIȚII
SOCIALE DIN
MOLDOVA

IMPACT ASSESSMENT STUDY FOR THE IMPLEMENTATION OF THE “INTEGRATION OF CHILDREN WITH DISABILITIES INTO MAINSTREAM SCHOOLS” PROJECT



CENTRU DE ANALIZĂ ȘI INVESTIGAȚII SOCIOLOGICE,
POLITOLOGICE ȘI PSIHOLOGICE

Chisinau 2017

TABLE OF CONTENTS

LIST OF FIGURES AND TABLES	3
EXECUTIVE SUMMARY	6
INTRODUCTION.....	11
METHODOLOGY	12
SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS	15
COMMUNITY INFRASTRUCTURE AND EDUCATIONAL INSTITUTIONS	20
Internal characteristics of educational institutions	24
Staff of educational institutions	29
Social available services.....	33
Conclusions	35
GENERAL SITUATION OF CHILDREN WITH DISABILITIES AND SPECIAL EDUCATIONAL NEEDS	36
Statistical data	36
Measures implemented to promote the school integration of children with disabilities	41
Problems specific to children with disabilities and / or SEN	47
Conclusions	52
ATTITUDES AND PRACTICES REGARDING INCLUSIVE EDUCATION	53
General assessments of inclusive education	53
The level of acceptance and inclusion of children with disabilities in general education school.....	60
The degree of interaction/relationship and support of children with disabilities in school/community.....	74
The level of training of educational institutions / teaching staff for the integration of children with disabilities in the general school	83
Problems and difficulties encountered in integrating children with disabilities	87
PERCEPTIONS REGARDING THE ACTIVITIES IMPLEMENTED IN SIFM PROJECT	93
Overall perception.....	93
Knowledge and perceptions about the benefits of the MSIF project.....	94
Knowledge, perceptions and practices of the teachers on the training process within the MSIF Project.....	98
CASE STUDIES	99
CONCLUSIONS AND RECOMMENDATIONS.....	126
Conclusions	126
Recommendations	129
ANNEXES.....	130
List of target and control school institutions by locality and raion	130

LIST OF FIGURES AND TABLES

Nr. of figure	Name of figure	Page
Figure 1.	Type of school access road	20
Figure 2.	Projects implemented in schools/community	41
Figure 3.	Promoting school inclusion of children with disabilities (affirmative answers)	43
Figure 4.1.	In the past two years, have you participated in... (Target)	44
Figure 4.2.	In the past two years, have you participated in... (Control)	44
Figure 5.	In the past two years, have you organized...	46
Figure 6.	How responsive are the parents of children with disabilities to information about inclusive education?	45
Figure 7.	Specific problems faced by children with disabilities - learning of school subjects	49
Figure 8.	What s of transportation are used by the child to travel to school?	50
Figure 9.	Who usually accompanies your children/you to school?	51
Figure 10.	Have you heard about inclusive education?	53
Figure 11.	Sources of information about inclusive education	53
Figure 12.	Opinions on the effectiveness of information sources about inclusive education	54
Figure 13.	Understanding the concept of inclusive education	55
Figure 14.	From your experience, are parents of children with disabilities willing to enrol their children in school?	55
Figure 15.	Where should children with disabilities study?	57
Figure 16.	Educational offer for children with disabilities in schools	59
Figure 17.	Attitudes regarding the inclusion of children with disabilities in mainstream schools	60
Figure 18.	To what extent would you agree with the statement: "Children with disabilities may be enrolled in an educational institution together with all other children"?	61
Figure 19.	To what extent would you agree with the statement: "Children with disabilities have the same potential as children without disabilities"?	62
Figure 20.	To what extent would you agree with the statement: "Children with disabilities contribute to lower school achievements of other children"?	63
Figure 21.	To what extent would you agree with the statement: "Children with disabilities hinder the educational process"?	64
Figure 22.	In your opinion, up to what level of education can children with disabilities be enrolled? – (Target)	66
Figure 23.	In your opinion, up to what level of education can children with disabilities be enrolled? – (Control)	67
Figure 24.	From your experience, how would you characterize children with disabilities...? – Just like other children	68
Figure 25.	From your experience, how would you characterize children with disabilities? - Introvert, without friends	69
Figure 26.	Which of the following characteristics can be attributed to children with disabilities ...? - Children are discriminated/marginalized	70
Figure 27.	From your experience, how would you characterize children with disabilities? - Aggressive and dangerous for other children	71
Figure 28.	Which of the following characteristics can be attributed to children with disabilities...? - They are children with undeveloped potential	72
Figure 29.	Which of the following characteristics can be attributed to children with disabilities? - They are children with unstable emotional state	73
Figure 30.	How does the teacher behave with your child/you?	74
Figure 31.	How does the support teacher behave with your child/you?	75
Figure 32.	How does the psychologist behave with your child/you?	75
Figure 33.	How do the schoolchildren behave with your child/you?	76
Figure 34.	How does the social worker behave with your child?	76
Figure 35.	To what extent are children with disabilities in your institution assisted in the educational process by...?	77
Figure 36.	How often did you get involved in the following activities?	78
Figure 37.	What school activities were attended by children with disabilities in the last year?	79

Figure 38.	Were there cases of ill-treatment and abuse of children with disabilities at school (forms)?	80
Figure 39.	How many times in the last 3 months were they abused?	80
Figure 40.	How much would you like children with disabilities to study together with you in an ordinary school?	82
Figure 41.	How often did you happen to ...?	82
Figure 42.	To what extent the following occurred in your school...? (Target)	83
Figure 43.	To what extent the following occurred in your school...? (Control)	84
Figure 44.	What materials for teaching children with disabilities were purchased in your school in the last 2 years?	85
Figure 45.	To what extent are you assisted by the following actors in adapting your school to the inclusive education requirements? – (Target)	87
Figure 46.	To what extent are you assisted by the following actors in adapting your school to the inclusive education requirements? – (Control)	88
Figure 47.	What changes are required in your school to allow for the inclusion of children with disabilities?	90
Figure 48.	What changes are required in schools from your district to allow for the inclusion of children with disabilities?	91
Figure 49.	Which of these can be covered from the district/school budget?	92
Figure 50.	In your opinion, to what extent has the implementation of FISM project Integration of Children with Disabilities into Mainstream Schools caused an improvement of the situation with inclusive education in your school?	93
Figure 51.	Do you know of the existence of an INITIATIVE GROUP in your community for awareness raising and promoting of inclusive education?	97
Figure 52.	How well do you know these guiding materials?	98
Nr. of table	Name of table	Page
Table 1.	Sample profile of local authorities of level one /mayors	15
Table 2.	Sample profile of public authorities of level two	15
Table 3.	Sample profile of school directors	16
Table 4.	Sample profile of teachers	16
Table 5.	Sample profile of parents with children with disabilities	17
Table 6.	Sample profile of parents with children without disabilities	18
Table 7.	Sample profile of children with disabilities	19
Table 8.	Sample profile of children without disabilities	19
Table 9.	Characteristics of stairs to the school building – at the entrance gate	21
Table 10.	Characteristics of stairs to the school building – from the gate to the school building	21
Table 11.	Characteristics of stairs to the school building – availability of ramp	21
Table 12.	Characteristics of school entrance	22
Table 13.	Characteristics of exterior staircase	22
Table 14.	Characteristics of the parking area - (space between the last step and front door)	23
Table 15.	Characteristics of exterior doors	23
Table 16.	Characteristics of interior doors	24
Table 17.	Characteristics of interior staircase	24
Table 18.	Characteristics of corridors	25
Table 19.	Characteristics of classrooms	26
Table 20.	Characteristics of libraries	26
Table 21.	Characteristics of canteens	27
Table 22.	Characteristics of sports halls	27
Table 23.	Characteristics of assembly halls	28
Table 24.	Characteristics of health posts	28
Table 25.	Characteristics of classrooms for children with special educational needs	28
Table 26.	Characteristics of toilets	29
Table 27.	Availability of staff in the surveyed schools	31
Table 28.	Staff needed for the school inclusion of children with disabilities	33
Table 29.	Population	33
Table 30.	Available social services	34
Table 31.	How often have you been visited by the social worker in the last year?	34
Table 32.	Number of families with children with disabilities who received social benefits	35

Table 33.	Incidence of children with disabilities and shares by the type of disability and by district	37
Table 34.	Distribution of children with disabilities by type of disability, level of education and sex	38
Table 35.	Distribution of children with disabilities by level of education and method of education	39
Table 36.	Distribution of children with disabilities by level of education and sex in the target schools	39
Table 37.	Evolution of the number of children with disabilities from 2012 to 2018	40
Table 38.	Distribution of children with SEN by level of education and sex	40
Table 39.	Difficulties faced by children with physical disabilities (target communities)	47
Table 40.	Difficulties faced by children with sensory disabilities (target communities)	48
Table 41.	Difficulties faced by children with intellectual disabilities (target communities)	48
Table 42.	What s of transport are used by children with disabilities to travel to school (<i>Parent of children without disabilities</i>)	50
Table 43.	What s of transport are used by children with disabilities to travel to school (<i>Children without disabilities</i>)	50
Table 44.	Who usually accompanies children with disabilities to school? (<i>Parent of children without disabilities</i>)	51
Table 45.	Who usually accompanies children with disabilities to school? (<i>Children without disabilities</i>)	51
Table 46.1	The level of acceptance of children with disabilities – „To what extent would you agree to ...?“ (Target)	81
Table 46.2	The level of acceptance of children with disabilities – „To what extent would you agree to ...?“ (Control)	81
Table 47.1	What extent you were satisfied three years ago with the following INCLUSIVE EDUCATION aspects in your school?	93
Table 47.2	What extent you satisfied currently with the following INCLUSIVE EDUCATION aspects in your school	94
Table 48.	What benefits did your school have in the implementation of the MSIF Project?	95

EXECUTIVE SUMMARY

Subject of the study

The study provides comparative data to measure the impact of activities implemented by the Moldova Social Investment Fund (MSIF) as part of the *Integration of Children with Disabilities into Mainstream Schools* Project, with the intention of contributing to the improvement and modernisation of training conditions for children with disabilities in 20 pilot mainstream schools.

The purpose of this study was to assess the level of adaptation of education institutions to the process of school inclusion of children with disabilities, the current situation of children with disabilities in selected raions, as well as community’s attitude and involvement in providing support to school-aged children with disabilities in comparison to the baseline status.

Background

The impact assessment study was conducted in 20 pre-selected/target communities (target group) from 15 raions, where the MSIF Project activities were conducted, as well as in 17 other communities in the same raions as the control group.

The control communities / education institutions were selected based on their similarity with those from the target group: similar size, similar type (gymnasium or lyceum). In three cases, the control communities coincided with target ones. In these communities, other education institutions were selected for the control group with the same status as those from the target group.

The study covered all 20 pilot mainstream schools from the target communities pre-selected by MSIF, while other 20 schools were selected from control communities as the control group.

Methodology

The research strategy included quantitative and qualitative research methods and techniques.

The quantitative study targeted five types of actors involved in the process of inclusive education, and namely:

- 1st level Local Public Authorities (LPA) (mayors): 20 mayors from each target community and 17 from each control community
- 2nd level LPAs (heads of Education Departments): 15 heads of district departments
- Teachers from gymnasiums and lyceums (directors and teachers): 20 school directors and 20 teachers from each target community and each control community
- Parents: those who have children with disabilities (20 parents from each of the two types of communities) and parents of children without disabilities (220 parents from target communities and 20 from control communities) of school age
- Children: with and without disabilities of school age (60 children with and without disabilities from each of the two types of communities)

The qualitative study included four focus groups: a focus group with parents of children without disabilities, a focus group with parents who have children with disabilities, a focus group with teachers from target schools and a focus group with teachers from control schools.

Additionally, an observation form was used to record the conditions of internal and external infrastructure in schools.

At the same time, 20 case studies were carried out with children with disabilities from the beneficiary localities / institutions - one case study per institution.

Main findings and recommendations

Ninety percent of FISM Project’s direct or indirect beneficiaries are of an opinion that the activities implemented as part of the Project have contributed to a *very significant/significant degree* to the improvement of inclusive education in their school.

FISM Project has implemented a vast range of interventions concerning modification/adjustments of school infrastructure and public awareness-raising (total number of activity types: 22). The principal benefits enjoyed by an absolute majority of schoolchildren (and by almost all schools covered by the project) were: construction of an access ramp at the entrance to school and installation of supporting railings along the ramp; repairs to the main entrance and auxiliary entrances; installation of support railings indoors; interior refurbishments (in particular of the resource centre rooms and of the psychologist’s room); adaption of the WCs to the needs of the children with disabilities; changing the floors; improvement of the school grounds; public awareness-raising and informational activities and delivery of training to the teachers.

The extent of satisfaction of the direct and indirect beneficiaries with FISM Project activities/interventions is very high (4.5-4.7 on the average using the scale of 1 to 5).

The overall positive perception of the contribution made by FISM Project is also confirmed with the development patterns of the extent of satisfaction expressed by different categories of beneficiaries regarding individual aspects of inclusive education in their community: the average extent of satisfaction with the diverse individual aspects of inclusive education has grown (by 33%) from 3.3 (reflecting the situation 3 years ago) up to 4.4 (for the current situation), using the scale of 1 to 5.

The average extent of satisfaction has grown from 2.9 to 4.7 regarding *school infrastructure* and from 3.0 to 4.4 regarding *availability of teaching materials/equipment* and *participation of the children with disabilities in school life*. The highest extent of satisfaction (4.7) was registered regarding *available/used teaching and educational methods*.

One of FISM Project components concerned public awareness-raising in respect of inclusive education. To that end, an Initiative Group has been created (from among local stakeholders such as representatives of local public authorities, teachers and parents) in each community covered by the project with the objective to raise awareness of and to promote inclusive education in the community. However, the level of awareness of the existence of such group is low among teachers and parents (below 50%).

The third component of FISM Project concerned delivery of training in the (pilot) project schools regarding inclusive education of the children with disabilities and with special educational needs (SEN). The survey has demonstrated that not all head teachers and school teachers have full knowledge of the eight modules that formed the basis of their training. At least one of each five teachers does not have sufficient knowledge of any of the modules taught during the training. However, all head teachers and school teachers have confirmed that the materials underlying their training have been extremely useful for them. But with account of a low level of knowledge of the concerned materials (and also because of lack of time), 15% of teachers have acknowledged that they make use of them *to a small extent* in the process of teaching their students and only about 40% make use of them *to a very significant extent*. In other words, more time is needed to change the mentality and to build their practical application capacity.

According to the case studies, most children with disabilities are glad that they are going to school because that is a place where they communicate with others and make friends. They attend school on regular basis and try not to be absent without a valid reason. The probability of absence from school is higher in case of the children who use a wheelchair because roads become impassable from time to time.

Most children with disabilities are schooled on the basis of an adapted curriculum. They are assisted in the process of embracing school knowledge by support teaching staff and also by their other teachers and classmates.

The recourse centres have been/will be equipped with materials and equipment necessary for work with the children with disabilities. An important finding is the one concerning changes in the general perception of and attitude to the children attending the resource centres. In some communities these centres are no longer perceived as special establishments for children with disabilities, but thought of as a facility for all schoolchildren. As a result, going to the resource centre is no longer perceived as a disgrace.

Direct observations in the field have confirmed that the facility infrastructure had improved considerably in the project schools in terms of adapting the rooms to the needs of the children with disabilities – whereas the situation observed in the reference schools was still almost similar to that of 2015.

However, not all obstacles have been removed: three of the five project schools have no ramps for the stairs at the entrance to school grounds; one school has no access ramp for the stairs leading to the school building. 100% of the project schools have ramps for their indoor stairs (main staircase); one half of the schools have ramps for their auxiliary indoor stairs; support railings have been installed in all schools. On the other hand, only 20% of the reference schools had ramps for their indoor staircases. There are support railings along corridors in all beneficiary schools.

In many schools classrooms and auxiliary rooms are still not adapted for the needs of the children with disabilities (for example, there is a podium with a step in front of the class board; mains sockets and light switches are not at an appropriate height); there is no secure furniture (even in 30% of the centres for the children with disabilities). On the other hand, all beneficiary schools have indoor WCs now, which are adapted to the needs of children with disabilities (although these WCs were kept closed in some schools and their refurbishment is still in progress in some other schools).

The issue of support teaching staff has mostly been resolved in the project schools, but the schools are still facing the problem of acute insufficiency of skilled auxiliary staff (psychologists, speech therapists, teachers for day-care centres after classes for the children with special educational needs (SEN)), even though considerable efforts have been made by those schools to refurbish the rooms for provision of the relevant professional services. Another major problem with the school staff is a high percentage of the teachers who will soon reach or have even already reached their retirement age.

Social allowances to families with children with disabilities are still allocated sporadically – they are not paid in some of the communities and only a very low percentage of the families with children with disabilities benefit from them in a situation where the average disposable income per household member in the households with children with disabilities is only 1/3 of the minimum subsistence level. Thus, most families that have children with disabilities are still not covered with social services in the project communities and have to face by themselves their multiple problems and difficulties emerging in respect to schooling of their child; these problems are predominantly of financial nature.

The analysis of statistical data on children with disabilities or with SEN has revealed certain inconsistencies in the data at region/establishment/community level. These mismatches in the data reported in respect of different indicators indicate the existence of a problem caused either by lack of competence to make proper calculations or by a lacking common basis for the calculation of all indicators – or by both. In that context, vertical and lateral collaboration among public authorities would play an important role for capacity building to a level sufficient to ensure adequate quality of the reported data as well as their collation and reporting on the basis of common definitions, indicators and calculation basis.

The number of schoolchildren fell by 4.2% in the surveyed regions during 2015-2017. On an average, the number of students in the surveyed schools is about 55% of the school's design capacity.

On the average, children with disabilities and with SEN account for up to 4% of the total number of students at the regional level and 2% at community level. Most children with disabilities are boys. A breakdown by disability type shows that children with mental disabilities account for the highest percentage of all children with disabilities (approximately 43%) at project school level.

As integration of children with disabilities in mainstream schools is a complex problem, activities promoting the inclusion of such children are held at the region, establishment and community level in parallel with work to integrate them in the schooling process. The survey has demonstrated that all project regions and most project schools are implementing mid-term institutional development projects (for 3-5 years) which include a component for integration of children with disabilities in mainstream schooling, but very few regions and schools have a long-term project of that type (for 6-15 years). The implemented projects and measures have had a visible beneficial impact on the perceptions of and attitudes to the problem of integrating the children with disabilities.

Particular problems of the children with disabilities vary depending on the disability type: children with physical and sensorial disabilities face in particular transport-related problems (no school has a vehicle adapted for the children with disabilities) and problems with movement about the school building, whereas children with mental disabilities have problems that concern embracing of school material, interaction with their classmates, integration in a mainstream class and lack of friends. The activities/measures aiming at integration of children with disabilities in mainstream schools should focus in particular on these two aspects, while keeping in mind that the natural difficulties with embracement of school material faced by children with disabilities should have no adverse impact on the mainstream children. The problem of transportation to school becomes acute in particular in bad weather because of a deplorable state of roads in rural areas.

However, due to FISM Project, the problems of school infrastructure adapted to the needs of children with disabilities (at least of those with sensorial disabilities) have been solved for the most part in the project communities; a similar statement can be made regarding the problems of integration of the children with disabilities in mainstream classes (interaction among the students), in particular in case of the children with physical disabilities (and to a lesser extent in case of the children with mental disabilities).

Other identified problems concern the following aspects:

- Many schools do not serve free meals to the children with disabilities and with SEN who often come from families with a very poor financial situation. For that reason the children find it very hard to stay in their resource centre without a proper lunch till 15.00-16.00;
- The lack of supplementary payments/premiums on top of the usual payroll discourages teachers from doing additional work with children with disabilities and from assistance in their integration;
- Most parents cannot afford treatment necessary for their children with disabilities (treatment for illnesses or periodical treatment), and assistance on the part of authorities leaves much to be desired and one has to wait long for it; that has an adverse effect on the process of integration in school;
- The parents (in particular single parents) with children in need of continuous supervision do not work and are totally dependent on their miserable social allowances.

Nine of each ten parents interviewed in the project communities have heard about inclusive schooling, which is a by far higher percentage than that in the reference communities. Most respondents correctly understand and interpret the term ‘inclusive education’ as integration of children with disabilities in mainstream (ordinary) schools alongside with children without disabilities; the percentage of such respondents has increased since 2015. The social stakeholders involved in/responsible for the process of integration in mainstream schools understand and acknowledge the benefits of inclusive education for the children with disabilities and for the community in general. However, an opinion most often expressed by the respondents concerning mental disability cases was that persons with mental deficiencies should only be included in mainstream schooling up to the secondary school cycle (form 9) at the utmost.

The advantages of inclusive education are one of the reasons for which most parents taking care of children with disabilities would like them to attend a mainstream school. However, the situation is absolutely not certain regarding continuity of the inclusion process in respect of the children with disabilities after their mainstream schooling – especially in case of the children with mental and sensorial disabilities.

Based on own knowledge and experience of interaction and contacts with children with disabilities, an absolute majority of the respondents characterized them as generally ready to help those in need, similar to other children, sociable, not violent and not dangerous. At the same time, an analysis of the developments revealed that the portion of the respondents who consider the children with disabilities similar to other children has become less even in the project communities and the extent of interaction between children with and without disabilities is still very low.

The extent of acceptance of the children with disabilities in mainstream schools is higher in case of physical disabilities and considerably lower in respect of mentally challenged children. Certain reserve has been noted also in respect to inclusion of the children with sensorial disabilities. At the same time, the level of acceptance of the children with disabilities has grown considerably during the last two years in the project communities as well as in the reference communities. On the other hand, the survey has demonstrated that children with disabilities are still rejected (although to a lesser extent than during the baseline survey).

A disability is generally perceived as an ‘illness’ and the children with disabilities are perceived to be ill children. Sometimes a disability (in particular a mental disability) is associated with emotional instability and a tendency to violent behaviour.

The survey has revealed differences in the attitudes of the parents who have and who do not have children with disabilities. Thus, the latter group are still advocating segregated schooling more often.

Differences have also been noted between the respondents in the project group and those in the reference group in terms of their awareness, perceptions and attitudes. The approaches practiced by the former group are closer to the inclusive education principle.

Children with disabilities are exposed to multiple risks in mainstream schools and in particular to abusive language and physical violence, discrimination and marginalization; the number of occasions of physical violence has increased.

Even though they have received training in diverse areas, the school personnel as well as other stakeholders responsible for integration of children with disabilities in mainstream schooling (heads of local education authorities, community mayors and teachers) claim they need additional training in work with families and children with disabilities. The highest number of such requests came from the reference group. The topics mentioned as being of particular interest were: collaborative methods (convincing/motivating) in work with the parents taking care of a child with a disability; teaching approaches and procedures; teaching and communication with children with disabilities; involvement in extra-curricular activities; the specifics of diagnosing each disability type; child psychology; age-related specifics.

The recommendations concerning optimization of the inclusive education process based on the survey results are as follows:

- Adaption beyond mainstream school level of the social policies necessary to ensure a comprehensive and long-term integration process and to focus the inclusion process on personal needs of each child (creation of optimal conditions in the family; adequate medical support in emergencies; ensuring a parental assistant; additional worktime after classes; specialized professional training programmes);
- Consolidation of the school infrastructure in accordance with the needs of children with disabilities;
- Provision of specialized vehicles adapted for transportation of children with disabilities and improvement of the local road infrastructure;
- Continuous professional development (training) of teaching staff to satisfy the requirements of inclusive education;
- Continuous professional development (training) of specialized support staff for the inclusive education process (psychologists, educational psychologists, speech therapists, support teaching staff);
- Consolidation of partnerships among teaching staff, specialized staff and parents of the children with disabilities for more effective support of the inclusive education;
- Diversification of the forms for involvement of the community and families in the implementation of inclusive education;
- Continuous awareness-raising work with broad public to change their attitudes and to improve acceptance of the children with disabilities;
- Provision of the equipment, furniture and teaching materials adapted to the needs of teaching children with disabilities;
- Establishment of viable financial arrangements to support inclusive education;
- Establishment of efficient monitoring tools to monitor implementation of inclusive education in schools;
- Building of the capacity to gather and collate data concerning children with disabilities and with SEN, and in particular introduction of clear and approved definitions, criteria and variables to be used in the process of inclusion and classification in diverse groups of the children with disabilities and SEN, including sanctions for unprofessional and irresponsible reporting;
- Creation of unified electronic registers for all stakeholders involved in data gathering.

INTRODUCTION

The National Program for the Development of Inclusive Education for 2011-2020 (NPDIE), approved by the Government of the Republic of Moldova, places inclusive education at the top of its education priorities. The document stipulates creating an inclusive environment for the children deinstitutionalized from orphan schools, as well as integrating children with special educational needs into mainstream educational institutions.

The Grant offered by Japan through the Policy and Human Resources Development program and administered by the World Bank, aims at contributing to the implementation of the NPDIE priorities. The grant was offered especially for the "Integration of children with disabilities in mainstream schools" managed by the Moldovan Social Investment Fund (MSIF).

The purpose of the “Integration of children with disabilities into mainstream schools” Project was to demonstrate through pilot activities that local public authorities can successfully apply national policies, which promote the integration of children with disabilities into regular schools.

The Project comprised three main components:

- Component 1. Raion-level planning
- Component 2. Demonstration of pilot subprojects
- Component 3. Project Management, Monitoring, Evaluation and Dissemination

The purpose of the “Integration of children with disabilities into mainstream schools” Project was planned to be achieved through:

- Local planning to apply national policies for inclusion of children with disabilities;
- Implementation of demonstration (pilot) sub-projects to adapt mainstream schools;
- Improving learning environment for children with disabilities and special education needs in pilot schools;
- Increasing participation of school-aged children with disabilities in mainstream education;
- Education of teachers and parents and;
- Decreasing share of people who think that children with disabilities should not go to mainstream schools and kindergartens.

Educational institutions, where pilot sub-projects and other training and information activities were implemented, have been selected by MSIF based on a series of indicators identified following development or update of strategic development plans for inclusive education in 24 raions of the country. 20 communities / educational institutions that have accumulated the highest score were selected as a target group of institutions, where MSIF project activities and a baseline study were implemented, following the current impact assessment study.

The Baseline study was an integral part of impact assessment study within Component 3 of the Technical Assistance Grant, aiming to assess the situation on the ground before the implementation phase of the project activities and to provide a basis for evaluating project impact.

METHODOLOGY

Study objectives

Main objective: gather data and information that are necessary to evaluate the impact of the Project on its beneficiaries as per the results indicators developed for the Project as well as other indicators suggested by the Consultant.

Specific objectives:

- Institutional analysis and establishment of baseline status of existing specific physical infrastructures in hub-schools of the selected raions;
- Analysis of the participation and the extent of learning environment of children with disabilities and special education needs in hub-schools in selected raions;
- Establishment of the number of children with disabilities and special education needs in the localities attached to hub-schools from their raions;
- Awareness and involvement of the community in provision of support to school-aged children with disabilities in mainstream education;
- Perception by communities of children with disabilities and their attendance of mainstream schools;
- Analysis of the availability of human resources, qualified specialists in the field (i.e. psychologists, speech therapists, physiotherapists, etc.) in hub-schools of the selected raions.

Geographical coverage

The study was carried out in 20 pre-selected communities (target group) from 15 raions, where MSIF Project activities have been implemented, and in other 17 communities from the same raions as a control group.

Localities / school institutions from control group have been selected using principle of similarity to those from target group: similar size, similar type (gymnasium or high school). In three cases control localities were the same as target localities, namely raional centres Orhei, Drochia and Sângerei. School institutions as a control group in these localities were selected with similar status to those from target group. The list of target and control localities and school institutions is presented in Annexe 1, page 130.

Research strategy

Research method: quantitative and qualitative study.

Research technique: face-to-face interview performed at the respondent job place or home, based on structured semi-qualitative questionnaires. The interviewers were from the CIVIS network of fieldwork operators.

Research tools: written structured semi-qualitative questionnaires for each target respondent. The working language was Romanian and Russian. The length of questionnaire varied from one type of respondent to other. The questions in the questionnaires were similar to those in the baseline study. In addition, 1-2 sections for the respondents from the beneficiary localities were included to measure the opinion on the activities implemented within the MSIF project.

An observation sheet was filled in for each school, recording data about current school infrastructure related to its adaptation to the needs of children with disabilities.

All types of research tools were tested and finalized following the results of pre-test, before the actual fieldwork.

Pre-testing report was presented to MSIF and all changes to the questionnaires were discussed and agreed.

Apart from the quantitative tools, it was applied group discussion method. Four focus groups were conducted – a focus group with parents of children without disabilities, a focus group with parents who have children with disabilities, a focus group with teachers from target schools and a focus group with teachers from control schools. The group discussions were held at the headquarters of CIVIS. The discussions were very interesting; participants were actively involved in discussing the surveyed topics, providing additional qualitative to quantitative information.

At the same time, 20 case studies were carried out with children with disabilities from the beneficiary localities / institutions - one case study per institution.

Target respondent and sample size: In all 9 target respondent were interviewed (direct and indirect beneficiaries of project activities). The overall sample included 712 respondents: 474 respondents in 20 target communities and 238 respondents in control group communities, with an average number of 24 respondents in target communities and 13 in control group communities. Distribution of research tools by type of respondent is reflected in the table below:

Type of respondent	Number per community	Total for target communities	Sub-total	Number per community	Total for control communities	Sub-total	Total
1. Mayor	1	20	20	1	17	17	37
2. School director	1	20	20	1	20	20	40
3. Teacher	1	20	20	1	20	20	40
4. Head of Rayonal Educational Department	1	14	14	1	1	1	15
5. Parents of children without disabilities	11	20	220	1	20	20	240
6. Parents of children with disabilities and special education needs	1	20	20	1	20	20	40
7. Children without disabilities	3	20	60	3	20	60	120
8. Children with disabilities and special education needs	3	20	60	3	20	60	120
9. Observation sheets	1	20	20	1	20	20	40
10. Case studies	1	20	20	-	-	-	20
Sub-total	24	194	474	13	158	238	712

Note!

In three towns that coincided for the target group and the control group, mayors were interviewed once, because information collected referred to the local level. The same thing is valid for Raional Educational Department: were interviewed once, providing data at the district level.

In case of target communities / institutions, parents of children without disabilities were randomly selected to enable accurate measurement of the performance indicator pre-established within the MSIF Project - The decrease in the share of people who consider that children with disabilities should not attend regular schools (from 45% to 30%).

Fieldwork organisation:

- All target groups were interviewed by mobile fieldwork teams.
- All interviewers involved were trained on research methodology, selection of respondents and completing the questionnaires. Each question in the questionnaire was addressed in the training sessions.
- The interviewers were specialized in specific types of questionnaire for specific respondent: mayor versus parents and children.

Set of materials interviewers received during training:

- questionnaires
- definitions of children with disabilities and children with special education needs
- list of targeted respondents and number to be interviewed for each community
- instruction document with detailed explanation of survey methodology
- letter of information

Children and parents were interviewed in schools. They were randomly selected based on school records. For children an additional selection principle was used: random selection from each school cycle – primary, secondary and high school level. Only if children with disabilities had difficulties traveling, the interview was conducted at their homes. School directors facilitated selection procedure of parents and children.

In case of mayors, school directors and raional education departments, questionnaires were divided into two parts: the first part included factual questions (numbers, amounts) and the second included only questions measuring opinions and attitudes of stakeholders. The first part of the questionnaire was sent in advance by email to provide enough time for respondents to submit the requested data. These questionnaires were sent back completed all via electronic mail.

Fieldwork period: the main data collection period was in October – November 2017.

Validation methodology: all completed questionnaires were checked at the headquarters of CIVIS. In case of divergence in the data recorded, respondents were repeatedly called to recover or correct the information provided initially.

Data entry in electronic database

The data collected on paper was digitalized, using a specially developed software for statistical data processing (SPSS).

The answers to the open questions have been coded by specially trained people.

Following data entry in electronic databases, statistical data processing was conducted – calculation of percentage frequencies, means, amounts and integrated indicators.

Encountered difficulties

The main difficulty faced by the research team was related to public actors ability to aggregate and provide factual data required: the number of children with disabilities by type of disability, children with special educational needs, disaggregated by sex and age groups etc. In this regard, the research team CIVIS spent another 3 weeks after completion of the field to collect and correct inconsistent data provided by the same type of respondent (namely, social worker, school director etc.) in the questionnaire or differences in the information provided to the same subject by different public actors.

Significant differences were recorded in the raw data provided on children with disabilities and children with special educational needs, despite the fact that the questionnaire included definition of the two groups of children, agreed with MSIF.

Generally, both the mayors and the heads of the educational directories have illustrated a level of cooperation below the average, especially those in the control localities. The same applies to school managers in the control localities.

SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS

Local public authorities of level I

Local authorities are represented, to a greater extent, by male mayors (predominantly in basic communities - 80%), their share being about 20% higher compared to the baseline study. More than 70% of the respondents held the mayor's position during interviews (Table 1).

Table 1. Sample profile of local authorities of level I / mayors

		Target ¹		Control	
		2015	2017	2015	2017
Sex	Male	60%	80%	53%	71%
	Female	40%	20%	47%	29%
Average age		48,5 years	52 years	50,9 years	53,4 years
Have mayor status		70%	90%	76%	76%
Number of mandates held	One mandate	45%	35%	47%	12%
	2 mandates	10%	25%	12%	35%
	3 mandates	15%	15%	12%	12%
	4 mandates	-	15%	6%	18%
Does not have mayor status		30%	10%	24%	24%

Local public authorities of level II

Compared to the baseline study, a smaller percentage of heads of departments participated in the impact study. The majority of respondents were female (80% versus 53% in 2015).

Table 2. Sample profile of local authorities of level II

		2015	2017
Respondent's function	Head of department	73%	67%
	Vice-Head of department	13%	20%
	Head of Rayonal / Municipal Service for Pedagogical Assistance	7%	13%
	Psychologist from Rayonal / Municipal Service for Pedagogical Assistance	7%	
Sex	Male	47%	20%
	Female	53%	80%
Average age		54,4 years	49,9 years
Length of service (average)		10,9 years	7,9 years

¹ The report reflects a comparative analysis between localities where MSIF project was implemented, conventionally named "target localities" and a group of "control localities", which presents similar characteristics with main localities, in order to measure further net impact of MSIF Project activities in targeted / main localities.

Teaching staff

Each fourth director of the institution in the target localities and every third in control group is a man. The average value of length of service as school director is slightly higher in control communities / schools.

Table 3. Sample profile of school directors

		Target		Control	
		2015	2017	2015	2017
Sex	Male	25%	20%	35%	40%
	Female	75%	80%	65%	60%
Average age		52,7 years	48,7 years	50,5 years	49,9 years
Length of service as school director (average)		9,8 years	10,7 years	7,6 years	11,8 years
Level of education	Secondary professional	5%		-	
	Higher (licence degree)	55%	55%	65%	65%
	Higher (master degree)	40%	45%	35%	35%
Didactic category	Degree I	40%	35%	40%	35%
	Degree II	55%	55%	50%	55%
	Senior Degree	5%	10%	10%	10%

The interviewed teachers are represented by people with high length of service (especially in target group schools), with an average value of over 17 years (and the minimal value of length of service was two years). Most teachers have the second didactic category and one in four teachers has no didactic category. All interviewed teachers are women.

Table 4. Sample profile of teachers

		Target		Control	
		2015	2017	2015	2017
Didactic category	No degree	15%	30%	-	25%
	Degree I	65%	15%	80%	10%
	Degree II	20%	55%	20%	65%
Average age		41,2 years	46,6 years	46,1 years	41,2 years
Length of service (average)		18,5 years	23,9 years	23,2 years	17,5 years
Level of education	Secondary professional	15%		-	5%
	Higher (licence degree)	65%	65%	80%	80%
	Higher (master degree)	20%	35%	20%	15%
Sex	Male	5%		5%	
	Female	95%	100%	95%	100%
School cycle	Primary	45%	50%	40%	55%
	Gymnasium / high school	55%	50%	60%	45%

Half of the teaching staff work in the primary school cycle, and the other half represents gymnasium or high school.

Parents that have children with disabilities or special educational needs

Nine out of ten interviewed parents are women (increased share as compared to baseline study), most of them with secondary general/vocational and gymnasium level education.

Children live without mother in case of 10% of families, because their mother left abroad to work or is divorced. A higher number of children live without a father (mainly in target communities), because of various reasons, but mainly because their work abroad.

Table 5. Sample profile of parents with children with disabilities

		Target		Control	
		2015	2017	2015	2017
Sex	Male	25%	5%	24%	10%
	Female	75%	95%	76%	90%
Average age	Average	41,8 years	42,7 years	44 years	42,4 years
Education	Higher	15%	5%	5%	20%
	Higher incomplete	5%	-	14%	-
	Secondary general/professional	35%	45%	52%	25%
	High school	-	5%	-	5%
	Gymnasium	35%	45%	29%	50%
	Primary	10%	-	-	-
Size of family	Average	4,5	4,0	4,8	4,7
Number of family members under 18 years	Average	2,0	1,9	2,2	2,1
Whom the child lives now?	Mother	85%	90%	90%	90%
	Father	80%	60%	71%	75%
	Grandmother	20%	15%	24%	30%
	Grandfather	15%	10%	14%	25%
	Brother/sister	65%	50%	71%	90%
	Other relatives	5%	-	5%	-
Where is mother? (Sub-sample)	Abroad	100%	50%	100%	100%
	Do not live together/divorced	-	50%	-	-
Where is father? (Sub-sample)	Abroad	75%	38%	33%	60%
	Do not live together/divorced	-	24%	17%	20%
	Died	25%	38%	17%	-
	No answer	-	-	33%	20%
Total monthly family income (MDL)		2 489	2 480	2 665	3 373
Monthly income per family member (MDL)		553	620	555	718

The average monthly income of a family with children with disabilities, although increased compared to 2015, is very low, especially in target communities. The average monthly income per person is less than 700 lei per month. It is three times lower than the subsistence minimum for one person per country (1866 MDL in 2017).

Parents that have children without disabilities or special educational needs

The average size of family and the average number of children in the family with children without disabilities is similar (Table 6) with the size of families with children with disabilities or special education needs (Table 5).

Parents of children without disabilities are represented to a higher proportion by people with higher education compared to parents of children with disabilities.

Table 6. Sample profile of parents with children without disabilities

		Target		Control	
		2015	2017	2015	2017
Sex	Male	14%	8%	20%	10%
	Female	87%	92%	80%	90%
Average age	Average	40,1 years	39,2 years	40,6 years	37,2 years
Education	Higher	28%	36%	35%	40%
	Higher incomplete	3%	4%	5%	5%
	Secondary general/professional	41%	36%	50%	40%
	High school		5%		-
	Gymnasium	16%	19%	5%	15%
	Primary	1%	-	-	-
Size of family	Average	4,4	4,2	4,9	4,2
Number of family members under 18 years	Average	1,9	1,8	2,1	2,1
Whom the child lives now?	Mother	93%	95%	90%	95%
	Father	83%	76%	80%	75%
	Grandmother	16%	16%	40%	25%
	Grandfather	5%	7%	25%	20%
	Brother/sister	78%	47%	60%	75%
	Other relatives	1%	1%	10%	-
Where is mother? (Sub-sample)	Abroad	75%	82%	50%	100%
	Do not live together/divorced	13%	18%	-	-
	Died	13%		-	
	Other	-		50%	
	No response	-		-	
Where is father? (Sub-sample)	Abroad	54%	59%	25%	40%
	Do not live together/divorced	24%	26%	25%	-
	Died	16%	8%	-	40%
	Other	3%	7%	50%	20%
	No response	3%		-	
Total monthly family income (MDL)		3 384	4 240	3 531	3 764
Monthly income per family member (MDL)		769	1 010	721	896

The share of children without disabilities who live without one of their parents is significantly lower than for children with disabilities or special education needs. The main reason for the lack of parents is determined by the labour migration.

In addition, the monthly income of a family with children without disabilities is about 30% higher than average monthly income of families with children with disabilities or special education needs (especially in target communities).

Children with disabilities or special educational needs

The sample for children was stratified based on their distribution by type of disability. The percentage is higher in the group of children with intellectual disabilities, followed by those with physical disabilities. The sample presents a gender balance of surveyed children with disabilities.

Table 7. Sample profile of children with disabilities

		Target		Control	
		2015	2017	2015	2017
Sex	Male	52%	57%	58%	57%
	Female	48%	43%	42%	43%
Age	Average	12 years	12,4 years	12,1 years	12,2 years
Type of disability	Physical	36%	22%	28%	26%
	Intellectual	58%	68%	65%	64%
	Sensory (hearing, visual)	7%	10%	7%	10%
Live with ...	Mother	80%	77%	80%	90%
	Father	75%	58%	67%	72%
	Grandmother	25%	23%	37%	26%
	Grandfather	14%	18%	17%	12%
	Brother/sister	75%	55%	73%	74%
	Other relatives	2%	7%	3%	12%
	Other people	2%	10%	-	-
Where is mother? (Sub-sample)	Abroad	50%	36%	75%	33%
	Do not live together/divorced	33%	-	8%	17%
	Abroad	17%	36%	8%	33%
	Other	-	28%	8%	17%
Where is father? (Sub-sample)	Abroad	33%	24%	45%	18%
	Do not live together/divorced	60%	44%	35%	76%
	Abroad	7%	8%	10%	6%
	Other	-	24%	10%	-

Children without disabilities or special educational needs

Both children without disabilities and those with disabilities have a significant decrease in number of children living without father (on average with 16%), mainly in target communities.

Table 8. Sample profile of children without disabilities

		Target		Control	
		2015	2017	2015	2017
Sex	Male	30%	43%	44%	45%
	Female	70%	57%	56%	55%
Age	Average	13,3 years	13,1 years	13,2 years	13,3 years
Live with ...	Mother	88%	83%	89%	86%
	Father	83%	67%	74%	74%
	Grandmother	23%	32%	28%	24%
	Grandfather	7%	18%	13%	5%
	Brother/sister	75%	63%	71%	69%
	Other relatives	2%	7%	3%	2%
Where is mother? (Sub-sample)	Abroad	71%	80%	86%	89%
	Do not live together/divorced	14%	20%	14%	11%
	Died	14%	-	-	-
Where is father? (Sub-sample)	Abroad	80%	50%	56%	38%
	Do not live together/divorced	10%	30%	31%	31%
	Died	10%	5%	13%	25%
	Other	-	15%	-	6%

COMMUNITY INFRASTRUCTURE AND EDUCATIONAL INSTITUTIONS

This compartment includes a comparative presentation of the infrastructure of educational institutions in the surveyed communities from the perspective of school inclusion of children with disabilities, on the following components: access to the institution, external and internal characteristics, teaching staff, social services available.

Access to educational institutions

The location of the locality towards the raion center, as well as the educational institution within it, are important factors of access to studies and related services.

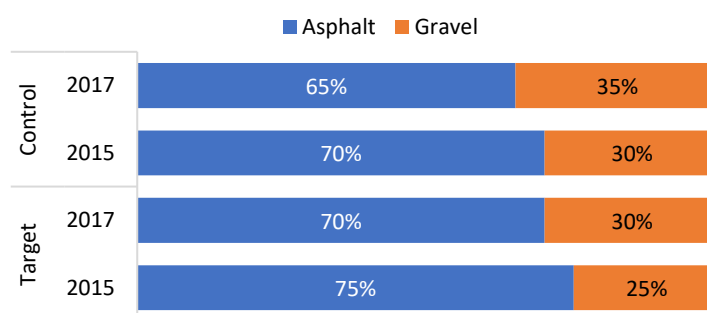
In this context, according to the data collected based on the observation form, the target communities are located at an average distance of 18 km from the raion center, compared to the control communities, which are located at a greater distance - 22 km.

Data from the survey reveals that not in all localities the educational institution is placed in the center of the locality. In some localities, the distance reaches up to 3 km, with the average values of 0.7 km for the target localities and control localities. The distance from the main road to school is 0.2 km on average for the target communities and 0.3 km for control locations.

The analysis of the community environment highlighted the fact that the access road to the school in most of the target and control localities is covered with asphalt (decreasing compared to the baseline survey), and in each third target locality the road is covered with gravel (Figure 1).

Although in 70% of the target localities the access road is covered with asphalt, only in 55% (20% more than in 2015) of the localities the road is of good quality, in the rest of the localities the road quality is medium or bad. In the case of control localities, the percentage of localities with a good quality access road to school is 20% lower.

Figure 1. Type of school access road



External characteristics of educational institutions

The analysis of the infrastructure of educational institutions has revealed a number of external characteristics specific to surveyed institutions, which make the access difficult for children with disabilities.

Most institutions (80% in the target communities and 90% in the control communities) have gates at the entrance to the school, most of them having two gates. For target communities, the average gate width ranges from 261 cm for the first gate to 306 cm for the second gate, and for the control communities the average width is about 340 cm for both gates. Minimum gate widths are 80 cm, and the maximum widths are 600 cm.

One out of three schools in target communities and one in five schools in control communities have built stairs at the entrance to the school, as well as from the gate to the school building (one in five schools). This thing creates additional impediments to have access to the institution, especially for children with locomotor disabilities. Only 40% of the target schools have ramps at the entrance gate of the school, compared with none of the control schools.

In the target institutions, the maximum number of steps is 8 at the entrance staircase and 10 steps at the staircase to the school building, and in the control communities the maximum number of steps is 4-5 steps. In control communities, steps are wider (the average width constituting 47 cm) and of a bigger height (the average height accounting for 15 cm), in target communities - less wide and slightly of a lower height (Table 9).

Table 9. Characteristics of stairs to the school building – at the entrance gate

		Target		Control	
		2015	2017	2015	2017
1. Flat surface	Yes	40%	80%	50%	100%
	No	60%	20%	50%	
2. Slip resistant surface	Yes	60%	60%	100%	100%
	No	40%	40%		
3. Number of stairs	2015	Min ² – 1/ Max ³ – 8/ Mean – 5		Min – 2/ Max – 4/ Mean – 3	
	2017	Min – 3 / Max – 8/ Mean – 6		Min – 2/ Max – 5/ Mean – 3	
4. Width of stairs (cm)	2015	Min – 30/ Max – 65/ Mean – 43,2		Min – 25/ Max – 53/ Mean – 40,5	
	2017	Min – 30/ Max – 65/ Mean – 43		Min – 41/ Max – 50/ Mean – 47	
5. Height of stairs (cm)	2015	Min – 12/ Max – 26/ Mean – 16,2		Min – 10/ Max – 15/ Mean – 11,8	
	2017	Min – 11/ Max – 17/ Mean – 14		Min – 8/ Max – 20/ Mean – 15	

Almost all institutions have stairs at the gate, which are covered with a smooth surface (increasing in number compared to the baseline survey). On the other hand, in 40% of the target schools, the staircase area does not have a slip-resistant coverage (no change compared to 2015), unlike the control schools where all the stairs have anti-skid surfaces. The quality of the stairs to the school building is significantly better: 100% of the schools in the target communities have stairs with a smooth surface and this is completely non-slipping against the control communities (Table 10). At the same time, access to the stairs was improved by adding bars (67%).

Table 10. Characteristics of stairs to the school building – from the gate to the school building

		Target		Control	
		2015	2017	2015	2017
1. Flat surface	Yes	83%	100%	80%	50%
	No	17%	-	20%	50%
2. Slip resistant surface	Yes	100%	100%	80%	75%
	No	-	-	20%	25%
3. Number of stairs	2015	Min – 2/ Max – 7/ Mean – 5		Min – 3/ Max – 10/ Mean – 6	
	2017	Min – 4/ Max – 10/ Mean – 7		Min – 2/ Max – 4/ Mean – 3	
4. Width of stairs (cm)	2015	Min – 20/ Max – 65 / Mean – 39,7		Min – 25/ Max – 40/ Mean – 31,8	
	2017	Min – 29/ Max – 38 / Mean – 32		Min – 20/ Max – 40 / Mean – 31	
5. Height of stairs (cm)	2015	Min – 10/ Max – 15/ Mean – 14		Min – 15/ Max – 15/ Mean – 14	
	2017	Min – 10/ Max – 16 / Mean – 13		Min – 12/ Max – 15 / Mean – 14	
6. Existence of handrails ...	One side	-	67%	-	-
	Both sides	17%	-	-	-
	Does not exist	83%	33%	100%	100%

Also, only 2/3 of the target institutions with access stairs to the school building are equipped with a ramp (Table 11) and none of the control schools has a ramp. In all target schools with ramps installed, they are functional and have balustrades on either one side or on both sides. The length of ramps ranges from 7 to 14 meters.

Table 11. Characteristics of stairs to the school building – availability of ramp

		Target		Control	
1. Existence of ramp	Yes	2	67%	0	-
	No	1	33%	4	100%
2. Length (cm)		Min – 750/ Max – 1400/ Mean – 1100			
3. Width (cm)		Min – 110/ Max – 120/ Mean – 115			
4. Functionality status	Functional	2	100%		
	Not functional	-	-		
5. Existence of handrails ...	One side	1	50%		
	Both sides	1	50%		
	Does not exist	-	-		

² Minimal value³ Maximal value

Most of the schools surveyed (80% - target, 70% - control) have three floors and only 10% have one floor. Most institutions (60% - target, 75% - control) have two functional entries, and 15% - three or four entries. The average width of the entries varies, in the target communities the first entry is narrower compared to the secondary entries. We note that the width of entries also varies between communities, being wider prevalent in target communities (Table 12).

Table 12. Characteristics of school entrance

Characteristic of entrance - Width (cm)	Nº	Target	Nº	Control
1. Entrance 1	20	Min – 70 / Max – 270/ Mean – 138	20	Min – 70 / Max – 400/ Mean – 151
2. Entrance 2	16	Min – 60 / Max – 800/ Mean – 159	19	Min – 57 / Max – 180/ Mean – 107
3. Entrance 3	2	Min – 135 / Max – 400/ Mean – 265	2	Min – 105 / Max – 190/ Mean – 148
4. Entrance 4			1	135

The number of steps at the entrance to the institution also varies, with a larger number of steps being recorded on the first stairs. In target institutions the number of steps is larger (on average 4.4 steps). However, some schools have registered 13 steps (Table 13). The width of the steps in the schools in the target localities varies

between 16 and 65 cm at the main stairs and the height from 10 cm to 22 cm. The quality of the steps in the vast majority of institutions is good, the surface being smooth (although the share of institutions with a smooth surface of the steps has decreased significantly in the control institutions compared to 2015). The share of institutions where interior staircases have anti-skid surfaces has remained, practically the same.

Table 13. Characteristics of exterior staircase

		Staircase 1				Staircase 2			
		Target		Control		Target		Control	
		2015	2017	2015	2017	2015	2017	2015	2017
1. Flat surface	Yes	100%	90%	100%	70%	87%	87%	92%	67%
	No		10%		30%	13%	13%	8%	33%
2. Slip resistant surface	Yes	75%	80%	79%	85%	81%	81%	75%	94%
	No	25%	20%	21%	15%	19%	19%	25%	6%
3. Number of stairs		Min – 1/ Max – 13 Mean – 4,4		Min – 1/ Max – 8 Mean – 4,1		Min – 1/ Max – 7 Mean – 3,7		Min – 1/ Max – 5 Mean – 3,1	
4. Width of stairs (cm)		Min – 16/ Max – 65 Mean – 32,3		Min – 25/ Max – 40 Mean – 32,5		Min – 16/ Max – 65 Mean – 33,1		Min – 25/ Max – 60 Mean – 32,3	
5. Height of stairs (cm)		Min – 10/ Max – 22 Mean – 15,3		Min – 10/ Max – 20 Mean – 15,7		Min – 10/ Max – 22 Mean – 15,4		Min – 12/ Max – 23 Mean – 17,3	
6. Existence of handrails	One side	15%	50%	11%	5%	19%	50%	17%	6%
	Both sides	15%	20%		5%	6%	25%	8%	6%
	Does not exist	70%	30%	89%	90%	75%	25%	75%	88%
Existence of ramp	Yes	15%	100%	21%	45%	6%	56%		6%
	No	85%		79%	55%	94%	44%	100%	94%

Major changes have been recorded, however, in the provision of staircases with balustrades and ramps, especially in beneficiary schools. The share of schools where interior stairs have balustrades has increased from 30% to 70% for stairs 1 and from 25% to 75% for stairs 2 (while in control schools the situation has not changed practically). The percentage of beneficiary schools equipped with the first stairs' ramps increased from 15% to 100% and with the second stairs' ramps increased from 6% to 56%. In total, the share of beneficiary schools equipped with ramps on external stairs is 2 times higher for stairs 1 and 10 times higher for stairs 2 compared to schools in the control group.

In one target and one control school, the existing ramps are not functional. On the other hand, all

beneficiary schools (target) with functional ramps have ramps with balustrades (in most cases on both sides), while in the control group schools, most ramps are not equipped with balustrades. The length of the ramps in the control schools ranges from 1.5 m to 17 m and the width - from 0.9 m to 2.7 m.

The vast majority of entrances in educational institutions, predominantly in the target communities, are decorated with a canopy. The quality of the space between the last step and the entrance door is good, the great majority of schools having a smooth and non-skidding parking area (especially in beneficiary schools, their share increasing compared to 2015). The width and length of parking vary from one entrance to another, but also between communities (Table 14).

Table 14. Characteristics of the parking area - (space between the last step and front door)

		Entrance 1				Entrance 2			
		Target		Control		Target		Control	
1. Canopy at the entrance to building		2015	2017	2015	2017	2015	2017	2015	2017
	Yes	95%	100%	89%	85%	81%	81%	67%	53%
	No	5%		11%	15%	19%	19%	33%	47%
2. Flat surface	Yes	89%	95%	94%	75%	77%	94%	88%	68%
	No	11%	5%	6%	25%	23%	6%	13%	32%
3. Slip resistant surface	Yes	84%	90%	82%	80%	85%	94%	88%	74%
	No	16%	10%	18%	20%	15%	6%	13%	26%
4. Width (cm)	2015 2017	Min-70/ Max-700 / Mean-255 Min-140/ Max-1760 / Mean-590		Min-125/ Max-800 / Mean-341 Min-60/ Max-1500 / Mean-370		Min-90/ Max-300 / Mean-169 Min-90/ Max-1800 / Mean-305		Min-72/ Max-290 / Mean-154 Min-70/ Max-1000 / Mean-220	
5. Length (cm)	2015 2017	Min-115/ Max-1530/ Mean-476 Min-153/ Max-1700 / Mean-440		Min-100/ Max-2410/ Mean-692 Min-116/ Max-3100 / Mean-852		Min-80/ Max-600/ Mean-251 Min-80/ Max-506 / Mean-225		Min-100/ Max-1050/ Mean-380 Min-100/ Max-650 / Mean-177	

In the vast majority of surveyed schools, the external doors could be opened only in one direction. Compared to 2015, in 15% of the beneficiary schools doors with double opening have been installed. The width of the doors varies from one entrance to another, as well as between communities. It is worth mentioning that, in some beneficiary schools, doors were 2 times wider than in 2015.

Table 15. Characteristics of exterior doors

		Entrance 1				Entrance 2			
		Target		Control		Target		Control	
		2015	2017	2015	2017	2015	2017	2015	2017
1. Width (cm)	2015 2017	Min-65/ Max-120/ Mean-101 Min-75/ Max-240/ Mean-147		Min-120/ Max-357/ Mean-167 Min-85/ Max-300/ Mean-157		Min-65/ Max-180/ Mean-128 Min-65/ Max-270/ Mean-134		Min-80/ Max-160/ Mean-121 Min-75/ Max-180/ Mean-112	
2. Opening from the inside out and vice versa	Yes		15%		5%		6%		10%
	No	100%	85%	100%	95%	100%	94%	100%	90%
3. Height of the handles (cm)	2015 2017	Min-70/ Max-120/ Mean-97 Min-65/ Max-110/ Mean-95		Min-80/ Max-110/ Mean-95 Min-65/ Max-114/ Mean-96		Min-70/ Max-130/ Mean-100 Min-80/ Max-110/ Mean-97		Min-80/ Max-125/ Mean-101 Min-65/ Max-125/ Mean-97	

The minimum width of the exterior doors is 65 cm and the maximum width is 270 cm in the target schools (Table 15). The height of the handles also varies, with the average value varying between 95 cm and 101 cm. The minimum height of the handles in the target schools is 65 cm, and the maximum height is 110 cm, depending on the entrance to the school.

Internal characteristics of educational institutions

Among the **internal characteristics** of institutions that can limit the movement of children with disabilities within the school, the following are highlighted: the characteristics of the doors, the floor surface, the steps, the existence of the ramps etc.

In this respect, only 20% (increasing compared to 5% in 2015) of the target community schools have doors opening from the inside to the outside and vice versa, both in primary and secondary classes but not, as well doors with small windows allowing users to see traffic in the opposite direction (Table 16).

The width of the internal doors is less than the width of the entrance doors, in the target institutions it varies between 80 cm-120 cm and it is identical for all classes (primary and secondary), while in the control institutions the doors are narrower. Compared to the situation in 2015, the size of the interior doors has become more standard in target schools. The height of the handles also differs between communities: in the target institutions the minimum height is 90 cm and reaches up to 130 cm, while in the control institutions - 80 cm to 125 cm.

Table 16. Characteristics of interior doors

		Primary classes				Secondary classes			
		Target		Control		Target		Control	
		2015	2017	2015	2017	2015	2017	2015	2017
1. Width (cm)		Min-80/ Max-120 Mean-95		Min-70/ Max-126 Mean-96		Min-80/ Max-120 Mean-95		Min-70/ Max-120 Mean-96	
2. Opening from the inside out and vice versa	Yes	5%	20%		5%	5%	20%	5%	5%
	No	95%	80%	100%	95%	95%	80%	95%	95%
4. Height of the handles	cm	Min-90/ Max-130 Mean-102		Min-80/ Max-115 Mean-101		Min-90/ Max-130 Mean-102		Min-80/ Max-125 Mean-104	
5. There are small windows to allow users to see oncoming traffic	Yes	5%	5%	5%	0%	5%	-	-	-
	No	95%	95%	95%	100%	95%	100%	100%	100%
6. Colour of doors in contrast with the colour of the walls	In all cases	90%	85%	70%	85%	85%	85%	75%	85%
	In some cases	5%	-	15%	15%	10%	-	10%	15%
	No	5%	15%	15%	-	5%	15%	15%	-

Most of the doors in the target communities (85% in primary and secondary schools) come in contrast to the color of the walls. However, in control communities their number is higher.

More than 80 percent of schools have two interior stairs. It is also important to note the large number of steps (12-66) on stairs, the non-slip surface is not available in all schools (although the percentage of target schools has increased since 2015) and the small percentage of schools where the interior stairs are equipped with a ramp (20% beneficiary schools compared to none in 2015 and 5% of the control group schools), making it difficult for children with disabilities to reach upper floors. The width and height of stairs does not have a single standard in all schools ranging from 20 cm to 35 cm in width and from 10 cm to 20 cm in height (Table 17). In beneficiary schools equipped with an internal ramp, this length ranges from 3.3 m to 5.2 m and the width ranges from 0.95 m to 1.8 m. All ramps are equipped with a support bar.

Table 17. Characteristics of interior staircase

		Staircase 1				Staircase 2			
		Target		Control		Target		Control	
		2015	2017	2015	2017	2015	2017	2015	2017
1. Flat surface	Yes	100%	100%	94%	67%	95%	100%	88%	71%
	No			6%	33%	5%		12%	29%
2. Slip resistant surface	Yes	65%	85%	83%	89%	68%	85%	82%	88%
	No	35%	15%	17%	11%	32%	15%	18%	12%
3. Number of stairs		Min – 12/ Max – 66 Mean – 24		Min – 11/ Max – 24 Mean – 20		Min – 12/ Max – 44 Mean – 24		Min – 11/ Max – 24 Mean – 20	
4. Width of stairs (cm)		Min – 20/ Max – 34 Mean – 29		Min – 20/ Max – 35 Mean – 28,6		Min – 20/ Max – 34 Mean – 29,4		Min – 20/ Max – 35 Mean – 29,1	
5. Height of stairs (cm)		Min – 10/ Max – 20 Mean – 14,7		Min – 10/Max – 20 Mean – 15,1		Min – 10/ Max – 20 Mean – 14,6		Min – 10/ Max – 20 Mean – 15,4	
Existence of ramp	Yes		20%	5%	5%		5%		5%
	No	100%	80%	95%	95%	100%	95%	100%	95%

The quality of the floor, both in the corridors and in the classrooms and the auxiliary rooms (library, canteen), is practically smooth in all beneficiary schools, except for the schools in the control group. At the same time, there is an increase in the share of schools with the anti-skid surface of the floor compared to baseline data (Table 18).

In all beneficiary schools there are support bars along the corridors, the situation improving greatly as compared to 2015. The situation is worse in the institutions from the control communities - 70% of schools have no bars.

From 20% to 40% of institutions attest the existence of corridor thresholds in classrooms and auxiliary rooms, with no additional access to thresholds for children with disabilities (Table 18 and 19).

A significant percentage of institutions (35%-50% of the target communities, in the control communities the number is smaller 15%-20%) have water/heating pipes (in the corridors, classrooms, auxiliary rooms) installed at surface or hidden only in some cases.

Corridor switches are installed at an average height of 159-160 cm from the floor, and the sockets - at an average height of 148-149cm.

Table 18. Characteristics of corridors

		Target		Control	
		2015	2017	2015	2017
1. Flat surface	Yes	100%	100%	100%	60%
	No				40%
2. Slip resistant surface	Yes	65%	95%	75%	95%
	No	35%	5%	25%	5%
3. Handrails	Yes, on both sides of corridor		25%	15%	5%
	Yes, on one side of corridor	20%	75%	40%	25%
	No	80%		45%	70%
4. Are there thresholds?	Yes	40%	20%	50%	40%
	No	60%	80%	50%	60%
5. Water/heating pipes are ...	Hidden in all cases	65%	50%	35%	80%
	Hidden in some cases	20%	40%	25%	10%
	On the surface	15%	10%	40%	10%
6. The height of switches (cm)	2015	Min – 145/ Max – 170 Mean – 163		Min – 120/ Max – 176 Mean – 160	
	2017	Min – 120/ Max – 180 Mean – 160		Min – 80/ Max – 190 Mean – 159	

A large number of institutions (40%-65% - total and 20%-40% - part of them) do not have secure furniture for children with disabilities in the classrooms, in auxiliary rooms - libraries, canteens, adapted to children with disabilities. The issue of furniture provision has remained unresolved or partially solved based on the two surveys, including in the target schools. Even with regard to the education room for children with special educational needs, 30% of target schools do not have secure furniture and another share of 15% is endowed only partially. However, their share has decreased starting from 80% compared to 2015.

In all institutions (except for two target institutions) the board is unregulated, the average height of the floorboard varying according to the level of education: 81cm-82cm in primary classes, 92cm-93cm in gymnasium classes. Note the existence of the threshold at the board (30% of the target institutions, 50% - control institutions).

Classes for delivering physics and chemistry courses in most of the institutions continue to be located on floors two and three (for example, the chemistry room, mostly in the target institutions (85%) is located on the third floor, while the class of physics, proportionate in both types of localities - at the second and third levels (Table 19).

Moreover, most of the school institutions have placed on higher floors even the sports halls, festive halls (70% of target institutions and 50% - control institutions), medical rooms for carrying out the relevant practices (30% - target institutions, 50% - control institutions).

Classroom switches are installed with a variation of 100 cm to 176 cm from the floor, and the sockets - 80 cm - 148 cm in the target communities. In schools in control communities, sockets and switches are installed at a higher height.

Table 19. Characteristics of classrooms

		Target		Control	
		2015	2017	2015	2017
1. Flat surface	Yes	95%	95%	100%	80%
	No	5%	5%		20%
2. Slip resistant surface	Yes	65%	70%	70%	80%
	No	35%	30%	30%	20%
3. Are there thresholds?	Yes	45%	20%	45%	35%
	No	55%	80%	55%	65%
4. Water/heating pipes are ...	Hidden in all cases	70%	65%	35%	85%
	Hidden in some cases	15%	30%	20%	10%
	On the surface	15%	5%	45%	5%
5. The height of switches (cm)		Min – 100 / Max – 176 Mean – 160		Min – 80/ Max – 180 Mean – 153	
6. The height of sockets (cm)		Min – 80 / Max – 180 Mean – 154		Min – 80/ Max – 180 Mean – 151	
7. Location of physics classroom	1st floor	15%	10%	25%	20%
	2nd floor	40%	40%	35%	40%
	3rd floor	45%	50%	40%	40%
8. Location of chemistry classroom	1st floor	15%	15%	25%	15%
	2nd floor			15%	30%
	3rd floor	85%	80%	55%	50%
	4th floor		5%	5%	5%
9. Safe furniture for children with disabilities (with round corners)	Yes, all furniture	10%	20%	5%	5%
	Yes, partially	35%	40%	40%	30%
	No	55%	40%	55%	65%
10. Blackboard is ...	Adjustable		10%		
	Non-adjustable	100%	90%	100%	100%
11. Height of blackboard (cm)	Primary classes	Min – 40 / Max – 130 Mean – 81		Min – 60/ Max – 120 Mean – 82	
	Secondary classes	Min – 60/ Max – 170 Mean – 93		Min – 60/ Max – 150 Mean – 92	
12. Threshold at the blackboard	Yes	55%	30%	30%	50%
	No	45%	70%	70%	50%

Table 20. Characteristics of libraries

		Target		Control	
		2015	2017	2015	2017
1. Flat surface	Yes	95%	100%	95%	75%
	No	5%		5%	25%
2. Slip resistant surface	Yes	65%	75%	70%	70%
	No	35%	25%	30%	30%
3. Are there thresholds?	Yes	50%	20%	45%	40%
	No	50%	80%	55%	60%
4. Water/heating pipes are ...	Hidden in all cases	75%	60%	30%	85%
	Hidden in some cases	10%	30%	30%	10%
	On the surface	15%	10%	40%	5%
5. The height of switches (cm)		Min – 90/ Max – 180 Mean – 159		Min – 80/ Max – 176 Mean – 158	
6. The height of sockets (cm)		Min – 80/ Max – 184 Mean – 152		Min – 75/ Max – 173 Mean – 143	
7. Location	1st floor	70%	70%	65%	75%
	2nd floor	15%	20%	30%	15%
	3rd floor	15%	10%	5%	10%
8. Safe furniture for children with disabilities (with round corners)	Yes, all furniture	5%	15%	10%	15%
	Yes, partially	25%	20%	20%	20%
	No	70%	65%	70%	65%

In the libraries the special reading technique (for children with visual impairments) continue to miss, except for a target school. In 1/4 of the institutions, libraries are located on upper floors (Table 20).

In each of the two institutions, at the entrance to the canteen there are thresholds (in target communities the percentage has been reduced from 75% to 40%). The way of serving dishes in 85% of the canteens in target schools is assisted, increasing from 65% compared to 2015 (Table 21). At the same time, the percentage of target schools with secure furniture increased from 20% to 40%.

Table 21. Characteristics of canteens

		Target		Control	
		2015	2017	2015	2017
1. Flat surface	Yes	100%	100%	100%	70%
	No				30%
2. Slip resistant surface	Yes	60%	70%	70%	95%
	No	40%	30%	30%	5%
3. Are there thresholds?	Yes	75%	40%	40%	40%
	No	25%	60%	60%	60%
4. Water/heating pipes are ...	Hidden in all cases	65%	50%	35%	85%
	Hidden in some cases	10%	40%	25%	10%
	On the surface	25%	10%	40%	5%
5. Location	Basement	5%	5%		5%
	1st floor	90%	90%	90%	90%
	2nd floor	5%	5%	10%	5%
6. Safe furniture for children with disabilities (with round corners)	Yes, all furniture	5%	25%	10%	25%
	Yes, partially	15%	15%	15%	5%
	No	80%	60%	75%	70%
7. Serving the meals	Individually	35%	15%	10%	10%
	Through serving people	65%	85%	90%	90%

In 1 of 4 target schools, the sports hall is located on the second floor, the access to disabled children being blocked by about 13 steps because none of these schools have ramps (Table 22). In addition, half of these schools do not have support bars.

Table 22. Characteristics of sports halls

		Target		Control	
		2015	2017	2015	2017
1. Location	Basement	5%		5%	15%
	1st floor	75%	75%	90%	80%
	2nd floor	20%	25%	5%	5%
2. Number of steps at the entrance / to sports hall		Min – 0 / Max – 8 Mean – 1,5		Min – 0 / Max – 13 Mean – 3,5	
3. Width of steps (cm)		Min – 20 / Max – 34 Mean – 26,6		Min – 20 / Max – 35 Mean – 28,4	
4. Height of steps (cm)		Min – 10 / Max – 25 Mean – 15		Min – 8 / Max – 27 Mean – 23	
5. Handrails	Yes, on both sides of staircase	5%	12%	5%	8%
	Yes, on one side of staircase	45%	38%	45%	31%
	No	50%	50%	50%	61%
6. Width of door (cm)		Min – 64/ Max – 187 Mean – 108		Min – 70/ Max – 160 Mean – 115	
7. Existence of ramp	Yes		10%		5%
	No	100%	90%	100%	95%

One school in the control community does not have a festive hall. In most cases, festive halls are located on upper floors (Table 23), and only 15% of target institutions (5% of control institutions) have ramps to the festive hall.

The number of steps to the stages in the festive hall in some institutions is quite high (maximum 20 steps in the target institutions, maximum 6 steps in the control institutions). Moreover, in some schools the height of the steps reaches 36 cm. At the same time, in some schools the access doors are quite narrow - only 70 cm in width.

Table 23. Characteristics of assembly halls

		Target		Control	
		2015	2017	2015	2017
1. Existence of assembly hall	Yes	95%	100%	95%	90%
	No	5%		5%	10%
2. Location	1st floor	26%	30%	47%	50%
	2nd floor	68%	65%	53%	50%
	3rd floor	5%	5%		
Arena					
3. Number of steps		Min – 0/ Max – 20/ Mean – 3,3		Min – 2/ Max – 6/ Mean – 3,7	
4. Width of steps (cm)		Min – 12/ Max – 40/ Mean – 26,6		Min – 20/ Max – 36/ Mean – 27,9	
5. Height of steps (cm)		Min – 13/ Max – 36/ Mean – 19,5		Min – 12/ Max – 35/ Mean – 19	
6. Handrails	Yes, on both sides of staircase	5%	5%		
	Yes, on one side of staircase	32%	17%	37%	6%
	No	63%	78%	63%	94%
7. Width of door (cm)		Min – 80/ Max – 250/ Mean – 137		Min – 70/ Max – 180/ Mean – 126	
Existence of ramp	Yes		15%	5%	5%
	No	100%	85%	95%	95%
1. Width (cm)			Min – 120/ Max – 530/ Mean – 283	300	300
2. Length (cm)			Min – 100/ Max – 200/ Mean – 140	70	70
3. Functionality			100%	100%	100%

All the target schools and 95% of control schools have a medical office. 30% of target schools have medical offices located upstairs, in the absence of access facilities on the stairs in most schools. At the same time, some medical offices have narrow doors of just 70 cm width. (Table 24)

Table 24. Characteristics of health posts

		Target		Control	
		2015	2017	2015	2017
1. Existence of health post	Yes	100%	100%	90%	95%
	No			10%	5%
2. Location	1st floor	60%	70%	58%	53%
	2nd floor	35%	25%	32%	31%
	3rd floor	5%	5%	11%	16%
4. Width of door (cm)		Min – 70/ Max – 120 Mean – 90		Min – 77/ Max – 110 Mean – 88	

Furniture in the room for the education of children with special educational needs is fully adapted to only about 60% of schools, both in target and control schools. Their share is nevertheless higher than in the baseline survey. In 15% of schools in target localities only some of the furniture available is secured for children with disabilities (Table 25).

Table 25. Characteristics of classrooms for children with special educational needs

		Target		Control	
		2015	2017	2015	2017
1. Location	Subsol	5%	5%		
	1 etaj	90%	95%	89%	74%
	2 etaj	5%		11%	21%
	3 etaj				5%
2. Safe furniture for children with disabilities (with round corners)	Da, tot mobilierul	15%	55%	39%	58%
	Da, parțial	80%	15%	39%	21%
	Nu	5%	30%	22%	21%

In every fourth control school WC are located only outdoors. All target schools have internal WCs. However, according to the parents' statements and research team's observations, the presence of a WC inside the school does not necessarily ensure its functionality or free access to the WC. Thus, in 3 beneficiary schools the WCs were

closed, the explanations given by the administration of the schools being various: water saving, the key to the toilet for children with disabilities is available only to them.

"The WC installation was finished only this year, but then another problem has emerged. When I went to have a look at the WC, it turned out to be locked. The person in charge of the key is the school janitor who locks the WC in order not to have to wash it very often." "In our school the children cannot use the installed indoor WC because it is kept locked all the time and they cannot access it." (DFG of the parents who have children with disabilities)

In four other schools the repair and commissioning of the sanitary blocks were not finished.

At the same time, each second target school and over 60% of the control schools have additional exterior WC to the interior ones.

Some of the institutions (60% of the control institutions, 20% of the target institutions) have a threshold to the WC, the height of the threshold reaching 30 cm (mostly in the case of external WCs).

Table 26. Characteristics of toilets

		Target		Control	
		2015	2017	2015	2017
1. Location	Inside	75%	100%	55%	75%
	Outside	25%		45%	25%
2. Are there entry threshold in the toilet?	Yes	40%	20%	35%	60%
	No	60%	80%	65%	40%
Height (cm)		Min – 1/ Max – 20/ Mean – 11		Min – 3/ Max – 30/ Mean – 10	
3. Number of toilets	2015	Min – 1/ Max – 13/ Mean – 3,7		Min – 1/ Max – 10/ Mean – 3,5	
	2017	Min – 3/ Max – 16/ Mean – 7		Min – 2/ Max – 12/ Mean – 5	
4. For inside toilets, location (number of toilets per floor)	1st floor	Min – 1/ Max – 4/ Mean – 2,2		Min – 1/ Max – 4/ Mean – 1,8	
	2nd floor	Min – 1/ Max – 4/ Mean – 2,1		Min – 0/ Max – 3/ Mean – 1,6	
	3rd floor	Min – 1/ Max – 4/ Mean – 1,8		Min – 0/ Max – 2/ Mean – 1,3	
	4th floor	Min – 2/ Max – 3/ Mean – 2,5		Min – 2/ Max – 2/ Mean – 2	
5. Number of cabins		Min – 0/ Max – 37 / Mean – 12,9		Min – 0/ Max – 20/ Mean – 10,6	
6. Width of entry door (cm)		Min – 60/Max – 100/ Mean – 81		Min – 60/ Max – 110/ Mean – 77	
7. Width of cabin door (cm)		Min – 60/ Max – 100/ Mean – 77,5		Min – 60/ Max – 110/ Mean – 83,9	
8. Doors opening outwards and inwards	Yes	30%	10%	30%	5%
	No	70%	90%	70%	95%
9. Height of handles (cm)		Min – 78/ Max – 112/ Mean – 99		Min – 80/ Max – 110/ Mean – 101,2	
10. Height of washbasins (cm)		Min – 60/ Max – 90/ Mean – 80		Min – 75/ Max – 92/ Mean – 88	
11. Handrails in toilets	Yes	20%	55%	5%	
	No	80%	45%	95%	100%
12. Washbasin fixed an wall	Yes	100%	90%	65%	65%
	No		10%	35%	35%

90% of the institutions do not have inward-facing exterior doors and vice-versa in WCs, and 45% of target schools do not have WC support bars compared to 100% control schools.

At the same time, the height of the handles and washbasins also indicates their inadequacy for easy access to children with disabilities: the height of the handles varies from 80 cm to 110 cm, and the sinks - from 60 cm to 90 cm.

Staff of educational institutions

The need for inclusive education highlights the major role of the teaching and auxiliary staff that supports children with disabilities. From this perspective, based on the data provided by the directors of the educational institutions, the following trends were observed compared to the baseline survey (Table 27):

- In general, the number of teachers in the field of child-centered education or inclusive education has increased in the target institutions (by 75% (compared to 11% in the control group) and in the number of

schools - from 13 schools to 19 schools) the teaching support staff (by 15% compared with -4% in the control group) and specialty staff (speech therapist - by 50%, psychologist - by 7%).

- The high share of teaching and auxiliary staff aged over 50 continues to be high - about 45% of the total number of staff in target schools (compared with 44% in 2015) and 49% in control schools, in particular with reference to the pedagogue group for children with CES (100%), staff with teaching degree (51% compared to 45% in 2015) and teachers in the field of child-centered education and inclusive education (39% compared to 44% in 2015).
- Insufficient coverage with auxiliary staff (psychologist - 0.8 didactic norm, pedagogue group of meditations for children with CES - 0.5 didactic norm, decreasing from 0.75 in 2015) or substitution of the respective functions with non-specialized persons in the field;
- High share of institutions requiring supplementary coverage of positions with staff needed for successful school integration of children with disabilities: 1/4 of the target institutions and half of the control institutions have no psychologist; except for a target school, the others do not have a pedagogue for the group of meditations for children with SEN. At the same time, only 6 target and 3 control schools have speech therapist, and a target school continues to lack a medical worker.

„There is no teacher for the deaf and for persons with impaired hearing at school. There is only a speech therapist who is teaching the child to read, but cannot teach to hear.” “Our school lacks even a speech therapist.” (DFG of the parents who have children with disabilities)

- In the target schools, the total number of staff with a didactic degree significantly decreased - by 8% compared to 2015, while the total didactical norm decreased only by 3%.

Table 27. Availability of staff in the surveyed schools

School staff		Target							Control						
		No ⁴	Number of staff	Teaching load	Age				No	Number of staff	Teaching load	Age			
					Under 30	31-50	51-63	Over 64				Under 30	31-50	51-63	Over 64
1. Staff with teaching/managerial degrees	2015	20	Min – 11/ Max - 57 Mean - 29,3/ T ⁵ - 586	Min – 9/ Max - 60 Mean - 28,7/ T - 573	9%	46%	40%	5%	20	Min – 3/ Max - 76 Mean - 22,0/ T - 439	Min – 3,5/ Max - 76 Mean - 21,2/ T - 423	9%	43%	39%	9%
	2017	20	Min – 8/ Max - 69 Mean - 27,1/ T ⁶ - 541	Min – 7,4/ Max – 67,9 Mean - 27,8/ T – 556,8	6%	43%	43%	8%	20	Min – 5/ Max - 71 Mean - 27/ T - 539	Min – 6/ Max - 71 Mean - 27,5/ T - 549	10%	40%	42%	8%
2. Support teacher	2015	19	Min – 1/ Max - 6 Mean - 1,7/ T - 33	Min – 1/ Max - 3 Mean - 1,4/ T - 26,7	35%	35%	30%	0%	16	Min – 1/ Max - 6 Mean - 1,6/ T - 25	Min – 0,25/ Max - 6 Mean – 1,5/ T - 24	19%	50%	25%	6%
	2017	20	Min – 1/ Max - 4 Mean - 1,9/ T - 38	Min – 1/ Max - 19 Mean - 2,6/ T - 51,2	25%	47%	23%	5%	19	Min – 1/ Max - 2 Mean - 1,4/ T - 26	Min – 0,25/ Max - 2 Mean – 1,2/ T – 22,7	21%	63%	11%	5%
3. Psychologist	2015	14	Min – 1/ Max - 1 Mean – 1/ T - 14	Min - 0,25/ Max - 1 Mean - 0,8/ T - 11,8	9%	55%	36%	0%	10	Min – 1/ Max - 1 Mean - 1/ T - 10	Min – 1/ Max - 1 Mean - 1/ T - 10	30%	20%	50%	0%
	2017	15	Min – 1/ Max - 1 Mean – 1/ T - 15	Min - 0,25/ Max - 1 Mean - 0,8/ T - 12,5	20%	53%	27%	0%	10	Min – 1/ Max - 1 Mean - 1/ T - 10	Min – 0,5/ Max - 1 Mean – 0,9/ T – 8,5	10%	40%	40%	10%
4. Speech therapist	2015	4	Min – 1/ Max - 1 Mean – 1/ T - 4	Min – 1/ Max - 1 Mean – 1/ T - 4	27%	46%	0%	27%	5	Min – 1/ Max - 2 Mean – 1,2/ T - 6	Min – 0,5/ Max - 2 Mean – 1,1/ T – 5,5	33%	17%	50%	0%
	2017	6	Min – 1/ Max - 1 Mean – 1/ T - 6	Min – 0,25/ Max - 1 Mean – 0,7/ T - 4	17%	66%	17%	0%	3	Min – 1/ Max - 1 Mean – 1/ T - 3	Min – 1/ Max - 1 Mean – 1/ T - 3	0%	50%	50%	0
5. Coaching group teachers for children with SEN	2015	1	1	0,75	0%	0%	100%	0%	2	Min – 1/ Max - 2 Mean – 1,5/ T - 3	Min – 1/ Max - 2 Mean – 1,5/ T - 3	0%	33%	67%	0%
	2017	1	1	0,5	0%	0%	100%	0%	0						
6. Staff trained in child-centred education and inclusive education	2015	13	Min – 1/ Max - 44 Mean - 19,6/ T - 255	Min – 1/ Max - 44 Mean - 19,7/ T - 255,8	16%	40%	42%	2%	15	Min – 1/ Max - 40 Mean - 14/ T - 210	Min – 0,7/ Max - 40 Mean – 13,8/ T - 207	9%	50%	37%	4%
	2017	19	Min – 1/ Max - 58 Mean – 23,4/ T - 445	Min – 0,5/ Max – 63,6 Mean - 23/ T – 437,6	8%	53%	33%	6%	14	Min – 1/ Max - 48 Mean – 17,8/ T - 249	Min – 0,5/ Max - 48 Mean – 16,4/ T – 228,9	16%	34%	43%	7%
7. Health worker	2015	19	Min – 1/ Max - 2 Mean - 1,1/ T - 21	Min - 0,5/ Max - 2 Mean - 1,0/ T - 19,5	9%	64%	18%	9%	18	Min – 1/ Max - 1 Mean - 1/ T - 18	Min – 0,5/ Max – 1,5 Mean – 0,9/ T – 16,75	9%	55%	36%	0%
	2017	19	Min – 1/ Max - 1 Mean - 1/ T - 19	Min - 0,5/ Max – 1,5 Mean - 1,0/ T - 19,5	5%	53%	42%	0%	17	Min – 1/ Max - 2 Mean – 1,1/ T - 18	Min – 0,5/ Max – 2 Mean – 0,9/ T – 15,75	12%	26%	47%	15%
8. Technical staff	2015	20	Min – 1/ Max - 29 Mean - 16,1/ T - 322	Min – 1/ Max - 29 Mean - 16,1/ T - 322,5	5%	54%	37%	4%	19	Min – 11/ Max - 45 Mean – 17,9/ T - 340	Min – 11/ Max - 45 Mean – 18,6/ T - 354	6%	38%	52%	4%
	2017	19	Min – 8/ Max - 32 Mean - 19,9/ T - 378	Min – 1/ Max - 32 Mean - 18,0/ T - 342,8	3%	48%	42%	7%	20	Min – 10/ Max - 36 Mean – 17,7/ T - 354	Min – 1/ Max - 29 Mean – 15,9/ T – 317,5	4%	44%	46%	6%

* Source – „Questionnaire – School Director”

The impact survey also highlights a stringent need for auxiliary staff (Table 28), especially pedagogues for children with SEN (12 of 20 target schools), speech therapist (10 out of 20 target schools), psychologists (5 out of 20 target schools) and teachers in the field of child-centered education or inclusive education (3 out of 20 target schools): „There should be professionals on staff necessarily to work with them [children with disabilities], such as psychologists, speech therapists... There are no

⁴ Number of schools

⁵ Total value

⁶ Total value

such professionals even in the regional centre, to say nothing of our school... There should be educational psychologists who know the needs of such children, ... there should be kinetic therapists – they are rare birds in the community where we live” (DFG of the parents who have no children with disabilities). Moreover, they should be competent: “[They should be] psychologists of the type skilled in work with such children, persons who already have a track record with such cases and know how to interact with such children, who know how illnesses can develop in case of children with disabilities... If they do not know how to work with such children, it is not worthwhile to go to them for assistance... and there should be doctors who have specialized in this field, who are able to administer first aid and initial care in case of a fit, convulsions. There are some general psychologists, but a specialized psychologist is necessary here.” (DFG of the parents who have children with disabilities)

In total, 57 staff units are not covered in target schools, compared to 74 units in control schools, where there is an acute need for staff in the field of child-centered education or inclusive education (43 out of a total of 74 personnel). The data attests that these specialized personnel is required, on average, with a full didactic norm.

The additional need for teaching and auxiliary staff such as medical worker, technical staff is attested in some educational institutions. It is important, however, to emphasize that one out of three target schools needs technical staff (an average of 2 units of staff per school), increasing three times compared to the situation in 2015.

Table 28. Staff needed for the school inclusion of children with disabilities

		Target			Control		
School staff		<u>Nº</u>	Number of staff	Teaching load	<u>Nº</u>	Number of staff	Teaching load
1. Staff with teaching/managerial degrees	2015	3	Min – 1/ Max – 3 Mean – 2/ T – 6	Min – 0,5/ Max – 3 Mean – 1,5/ T – 4,5	3	Min – 1/ Max – 5 Mean – 2,3/ T – 7	Min – 0,5/ Max – 5 Mean – 2,2/ T – 6,5
	2017	1	1	1	1	2	2
2. Support teacher	2015	5	Min – 1/ Max – 3 Mean – 1,4/ T – 7	Min – 0,5/ Max – 5 Mean – 1,7/ T – 8,5	6	Min – 1/ Max – 2 Mean – 1,2/ T – 7	Min – 0,5/ Max – 2 Mean – 2,2/ T – 6,5
	2017	1	1	1	2	Min – 1/ Max – 1 Mean – 1/ T – 2	Min – 1/ Max – 1 Mean – 1/ T – 2
3. Psychologist	2015	7	Min – 1/ Max – 1 Mean – 1/ T – 7	Min – 0,5/ Max – 1 Mean – 0,9/ T – 6	12	Min – 1/ Max – 1,5 Mean – 1/ T – 12,5	Min – 0,25/ Max – 1 Mean – 0,8/ T – 9
	2017	5	Min – 1/ Max – 1 Mean – 1/ T – 5	Min – 1/ Max – 1 Mean – 1/ T – 5	8	Min – 1/ Max – 1 Mean – 1/ T – 8	Min – 0,5/ Max – 1 Mean – 0,9/ T – 7
4. Speech therapist	2015	16	Min – 1/ Max – 1 Mean – 1 / T – 16	Min – 0,5/ Max – 1,5 Mean – 0,8 / T – 13,5	13	Min – 1/ Max – 1 Mean – 1 / T – 13	Min – 0,25/ Max – 1 Mean – 0,8/ T – 10,25
	2017	10	Min – 1/ Max – 1 Mean – 1 / T – 10	Min – 0,5/ Max – 1 Mean – 0,9 / T – 8,5	11	Min – 1/ Max – 1 Mean – 1 / T – 11	Min – 0,25/ Max – 1 Mean – 0,75/ T – 8,25
5. Coaching group teachers for children with SEN	2015	16	Min – 1/ Max – 3 Mean – 1,3/ T – 20	Min – 0,25/ Max – 3 Mean – 1,1/ T – 17,25	12	Min – 0,5/ Max – 4 Mean – 1,3/ T – 15,5	Min – 0,25/ Max – 4 Mean – 1,1/ T – 13
	2017	12	Min – 1/ Max – 1 Mean – 1 / T – 12	Min – 0,5/ Max – 1 Mean – 0,9 / T – 10,5	6	Min – 1/ Max – 1 Mean – 1 / T – 6	Min – 0,5/ Max – 1 Mean – 0,9/ T – 5,5
6. Staff trained in child-centred education and inclusive education	2015	5	Min – 1/ Max – 5 Mean – 2,2/ T – 11	Min – 1/ Max – 5 Mean – 2,2/ T – 11	7	Min – 1/ Max – 20 Mean – 6,7/ T – 47	Min – 1/ Max – 20 Mean – 6,7/ T – 47,5
	2017	3	Min – 1/ Max – 17 Mean – 8,7/ T – 26	Min – 1/ Max – 1 Mean – 1/ T – 3	6	Min – 1/ Max – 20 Mean – 7,2/ T – 43	Min – 1/ Max – 20 Mean – 7,2/ T – 43
7. Health worker	2015	2	Min – 1/ Max – 1 Mean – 1 / T – 2	Min – 1/ Max – 1 Mean – 1 / T – 2	3	Min – 1/ Max – 1 Mean – 1 / T – 3	Min – 0,25/ Max – 1 Mean – 0,6/ T – 1,75
	2017	3	Min – 1/ Max – 1 Mean – 1/ T – 3	Min – 0,5/ Max – 1 Mean – 0,8/ T – 2,5	2	Min – 1/ Max – 1 Mean – 1/ T – 2	Min – 0,5/ Max – 1 Mean – 0,75/ T – 1,5
8. Technical staff	2015	2	Min – 2/ Max – 2 Mean – 2 / T – 4	Min – 2/ Max – 2 Mean – 2 / T – 4	3	Min – 1/ Max – 2 Mean – 1,3/ T – 4	Min – 1/ Max – 2 Mean – 1,3 / T – 4
	2017	6	Min – 1/ Max – 5 Mean – 2,2 / T – 13	Min – 0,5/ Max – 5 Mean – 2,1 / T – 12,5	1	2	2
9. Other	2015	4	Min – 1/ Max – 1 Mean – 1 / T – 4	Min – 0,5/ Max – 1 Mean – 0,9/ T – 3,5			
	2017	7	Min – 1/ Max – 2 Mean – 1,1 / T – 8	Min – 0,5/ Max – 1 Mean – 0,9/ T – 6			

* Source – „Questionnaire - School Director”

Social available services

The size of the studied localities varies significantly: from about 1300 persons to 34000 persons. In other words, the MSIF project covers localities of different sizes. The average size of the households/families in the localities is 2.9 persons, which is in line with the national average.

Table 29. Population

	Anul	Target				Control			
		Min	Max	Average	Total	Min	Max	Average	Total
Total population	2015	1985	34000	7401	148194	1320	34000	7478	149550
	2017	1349	34600	7324	146480	1320	34600	7491	149828
Total families/households	2015	625	11333	1817	50999	405	11333	2585	51692
	2017	455	10000	2736	54726	410	10000	2697	53948
Average size of family	2015				2,9				2,9
	2017				2,7				2,8

* Source – „Questionnaire - mayor”

The questionnaire with the mayors of the localities studied attests the recreational infrastructure and a useful leisure time for very poorly developed children. Thus, only about half of the target localities have child and youth

creation centers (Table 30). Resource centers for children and youth exist only in 6 out of 20 target communities (increasing from 2015) and community centers only in 2 localities (decreasing from 9 localities in 2015). Overall, the number and diversity of social services for children and young people significantly decreased between 2015-2017.

Another finding of the impact survey is the reorganization of schools in the period 2015-2017: the change of the status from a lyceum into a gymnasium (16 target localities had a gymnasiums in 2017 compared to 10 localities in 2015 and 10 localities had a lyceum compared to 15 localities in 2015).

Table 30. Available social services

	Anul	Target				Control			
		Nº	Min	Max	Average	Nº	Min	Max	Average
1. Kindergarten	2015	20	1	7	2,5	20	1	7	2,3
	2017	20	1	6	2,3	20	1	6	2,1
2. Gymnasium	2015	10	1	3	1,2	14	1	3	1,3
	2017	16	1	3	1,1	17	1	3	1,2
3. High school	2015	15	1	4	1,7	14	1	4	1,2
	2017	10	1	4	1,9	10	1	4	1,9
4. Post office	2015	20	1	4	1,6	20	1	4	1,3
	2017	20	1	5	1,5	20	1	5	1,3
5. Bank	2015	15	1	12	2,9	12	1	12	3,9
	2017	10	1	8	3,1	9	1	8	3,4
6. Church	2015	20	1	13	2,4	20	1	13	2,6
	2017	20	1	7	2,1	20	1	7	2,4
7. Centre of Family Doctors	2015	19	1	2	1,1	19	1	1	1
	2017	20	1	3	1,3	17	1	1	1
8. Resource Centre for Children and Youth	2015	3	1	1	1	5	1	2	1,2
	2017	6	1	6	1,8	7	1	6	1,7
9. The creative centres for children and youth	2015	9	1	2	1,1	6	1	5	1,7
	2017	10	1	1	1	4	1	1	1
10. House of Culture	2015	19	1	4	1,6	18	1	2	1,2
	2017	19	1	3	1,5	18	1	2	1,2
11. Community Centre	2015	9	1	1	1,4	8	1	6	2,1
	2017	2	1	5	1,5	6	1	5	2

* Source – „Questionnaire - mayor”

Another type of social service available to vulnerable families in general and families with children with disabilities, in particular, is the social workers' service.

When asked how often social assistants visit families with children with disabilities, most parents with children with disabilities claimed that they were not visited at all by the local social worker during the year (Table 31). Similar situation is also confirmed in the control localities. This indicator almost doubled compared to the 2015 situation (from 30% to 50% in 2017 in target communities and from 29% to 60% in control communities).

In the context of social aid granted to families with children with disabilities, the respondents referred to a wide range of social benefits provided to their families during the last year (Table 32).

A first finding deduced from the data collected is that social aid continues to be granted sporadically: it is not granted in all localities and it is granted to a very small percentage of families with children with disabilities, when the average available income for a member of the household with children with disabilities is 3 times lower than the minimum subsistence level. Moreover, in 2017, the share of families with children with disabilities socially-

Table 31. How often have you been visited by the social worker in the last year?

	Target		Control	
	2015	2017	2015	2017
Once a week	10%	10%		
Once a month	5%	15%	14%	10%
Once every three months	30%	10%	24%	5%
Once every half year	15%	5%	14%	10%
Once a year	10%	10%	19%	15%
Never	30%	50%	29%	60%

* Source – „Questionnaire – parents of children with disabilities”

funded in the target localities declined, especially in the case of financial support (2 times fewer families benefited, although the average amount of the financial benefit was 5 times higher). On the other hand, in the control group, the number of families benefiting from financial aid has not decreased significantly, but the average amount of financial aid is almost 2 times lower.

Table 32. Number of families with children with disabilities who received social benefits

	2015				2017			
	Target		Control		Target		Control	
	No	%	No	%	No	%	No	%
1. Carts	1	5%	1	5%	1	5%		
2. Food	2	10%	3	15%	6	30%	6	30%
3. Clothing	2	10%	4	20%	4	20%	2	10%
4. Footwear	2	10%	3	15%	2	10%		
5. Hygiene products	2	10%	1	5%	2	10%	1	5%
6. Coal					2	10%		
7. Wood	2	10%			2	10%		
8. Medicines	2	10%			2	10%	1	5%
9. Money	8	40%	10	48%	3	15%	9	45%
9.1. Amount (MDL, media)	7	318	9	801	3	1650	7	477
Did not benefit	8	40%	8	38%	11	55%	7	35%

Source – „Questionnaire – parent of children with disabilities”

In 2017, families with children with disabilities mostly benefited from food and clothing (in the target localities) and financial aid in the control localities. Aid in the form of medicines was provided least, although it would be a first necessity for this category of beneficiaries.

The difficulties that families encounter in getting a benefit from the City Hall are confirmed by the parents of children with disabilities who have not benefited from any kind of benefit (55% - in target communities, 35% - in control communities).

“There are major problems with allowances paid to the children with disabilities; the amounts paid as such allowances are tiny and do not suffice – and still there are arrears on them, I have not received anything since 3 December. When I went to see the lists [of those who are paid allowances] I saw only the names of relatives and friends of the persons responsible for allocation of these funds. I had to keep the child indoors for one week because we had no money to buy warm footwear for cold weather. My son Cristi is 16, my daughter is 21, Denis [another son] is 13 – and I have never once received the school allowance for Cristi who is a disabled child before 1 September; they only pay it after 3 September. Such is our state and such are our laws. I did not receive the allowance on 1 September; I was not on the list for the disability allowance on 3 October and so I did not receive anything again; then they told me my children are too old for the international children’s day allowance and once again they gave me nothing.” (DFG parents with children with disabilities).

“We have not being paid the allowance for my child with disabilities for three years. On 1 September I was told that schooling allowance is only paid once in three years so it is not yet our turn to receive it and I should wait.” (DFG of the parents who have children with disabilities)

Conclusions

Direct observations in the field have confirmed that the facility infrastructure had improved considerably in the project schools in terms of adapting the rooms to the needs of the children with disabilities – whereas the situation observed in the reference schools was still almost similar to that of 2015.

Another indicator is the lack or insufficiency of the necessary specialized personnel (psychologists, speech therapists, teachers for day-care centres after classes for children with SEN, etc.) in most schools as well as the lack of skilled social assistants (meaning those who are conscientious in the fulfilment of their duties) in the communities; that has an adverse impact of the quality of social services provided to the children and families that have children with disabilities.

GENERAL SITUATION OF CHILDREN WITH DISABILITIES AND SPECIAL EDUCATIONAL NEEDS

Statistical data

A series of statistical data on children with disabilities at raion and community/school level was collected in the survey:

- the number of children with disabilities, by type of disability, training cycle
- the number of children with special educational needs
- the number of certified and uncertified children with disabilities
- the number of children with disabilities enrolled in the education system
- the number of children with disabilities according to the way of training (in school or at home)

At raion level the data was collected from raion education departments, at the locality/school level data were provided by school directors.

The definitions used in the data collection process on children with disabilities and special educational needs are as follows:

- **Children with disabilities** - children with disabilities include children who, in relation to their age, have unformed or lost self-care capacity, respectively, have a high degree of physical or mental dependence. The person's autonomy is very low due to severe limitation in activity. The child needs permanent care and supervision from another person. The disability of the children is usually stated and included by the responsible authority.
- **Children with special educational needs** - Children with special educational needs (SEN) include children with learning difficulties, attention deficit, behavioral disorders, children with communication deficits, speech disorders, interaction deficits, children from families socially vulnerable (because no one cares about their education), Roma children, for example.

Statistics at raion level

According to the data provided by raion/raion Education Departments, the total number of children enrolled in pre-university education in the 15 raions constituted 127,467 pupils for the study year 2017-2018 (decreasing by about 5,600 persons (or by 4.2%) compared to the 2014-2015 study year). 43% were in primary school, 48% in gymnasium, and 8% in high school(lyceum level).

In this context, it is important to note the results of collecting administrative data at school level - these work at a capacity of about 55% on average. Only 1 out of 4 schools work at a capacity of more than 75%, while 25% of schools operate at a maximum capacity of 35% (some schools even up to 20%).

The number of children with disabilities is 1,435 persons, decreasing significantly compared to the figures reported in 2015 (from 3,700 children to 4,662 children, depending on the indicator/question for which the heads of raion directorates calculated the data). This *miraculous* decrease can only be explained by deficiencies in the record system. The share of children with disabilities from the total number of students in the pre-university education system in the 15 raions in 2017 is 1.1% (compared with 2.8% / 3.5% in 2015). Of the total number of disabled children reported, 81% are certified by the responsible institutions (compared with 52% in 2015).

For the number of children with disabilities reported, the number of children with other special educational needs (SEN), but without severe forms of disability - 3,291 children (decreasing from 3,506 children in 2015) or about 2,6% of the total number of pupils. In this respect, the total share of children with different special educational needs amounts to 3.7% of the total number of pupils.

Regarding accounting the data for children with SEN, the study highlighted another major problem: there are no clear standards on the criteria under which children with SEN are registered and kept under their evidence. Thus, to the question of what kind of children are included in the category of children with SEN, the Heads of the Educational Departments and the school directors provided the following answers, listed according to the frequency of the appointment:

- Children with learning difficulties
- Children with speech difficulties
- Children with behavioral disorders
- Children from socially vulnerable families
- Children with emotional disturbances
- Children with deviant behavior
- Children from families of ethnic minorities
- Children with a lack of interaction
- Children with retention in intellectual development
- Children with attention deficit
- Children with somatic diseases
- Children with poor sensory disability

From the answers of the respondents we deduce two problems (valid also in the baseline survey): i) the attribution of the status of SEN is relative and largely depends on the person who decides to apply or not to apply one or another criterion; ii) there is confusion in differentiating the degree of disability.

Turning to the statistics of children with disabilities, we find that the highest incidence of children with disabilities was recorded in the raions of Telenesti (2.2%), Gloeni (2.1%) and Leova (2,1%) (Table 33).

On the other hand, the highest share of children with disabilities (of the total number of children with disabilities) was recorded in Comrat (16%) and Ialoveni (12%). These two raions account for a quarter of the total number of children with disabilities.

Of the total number of children with disabilities, 51% belong to children with intellectual disabilities, 37% - to children with physical disabilities and 12% - to children with sensory disabilities. The highest share of children with physical disabilities is recorded in Leova (14%) and Ialoveni (13%), children with intellectual disabilities - in Comrat (20%) and the incidence of children with sensory disabilities is higher in the raions of Comrat, Orhei and Stefan Voda (Table 33).

Table 33. Incidence of children with disabilities and shares by the type of disability and by district

Rayon	Incidence of children with disabilities in total number of pupils		Share of children by type of disability							
			Physical disabilities		Intellectual disabilities		Sensory disabilities		Total	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Cimişlia	0.90%	0,4%	2%	1%	1%	2%	1%	4%	1%	2%
Comrat	3.90%	1,5%	17%	11%	9%	20%	32%	18%	16%	16%
Drochia	0.50%	1,0%	1%	4%	2%	6%	1%	7%	2%	5%
Glodeni	0.60%	2,1%	3%	10%	1%	4%	1%	7%	1%	6%
Hânceşti	5.30%	0,4%	1%	3%	28%	3%	3%	3%	17%	3%
Ialoveni	0.80%	1,3%	6%	13%	2%	12%	1%	6%	2%	12%
Leova	1.50%	2,1%	2%	14%	2%	4%	1%	7%	2%	8%
Nisporeni	1.60%	1,1%	3%	2%	4%	9%	0%	2%	3%	6%
Orhei	1.60%	0,9%	4%	4%	7%	11%	2%	10%	5%	9%
Râşcani	1.90%	1,1%	7%	7%	3%	4%	1%	4%	3%	5%
Sângerei	0.90%	1,2%	3%	8%	3%	6%	1%	6%	2%	7%
Stefan Vodă	6.30%	1,4%	7%	11%	9%	4%	21%	10%	12%	7%
Străşeni	1.70%	0,4%	3%	5%	6%	0%	0%	9%	4%	3%
Telenesti	9.90%	2,2%	11%	3%	16%	10%	33%	6%	20%	7%
Ungheni	2.80%	0,4%	30%	4%	7%	5%	2%	0%	10%	4%

* Source – „Questionnaire – Head of district department”

According to the level of education, most children with disabilities registered in the surveyed raions are in gymnasium classes (59%), and 40% in primary classes, only 1% in high schools (lyceum) (Table 34).

Boys seem to be more prone to different forms of disability, with 59% of children with disabilities reported on raions being male. The share of boys is significantly higher among children with intellectual disabilities, while in other forms of disability the ratio is more balanced.

Depending on the way of training, we find that at raion level 80% (1,193 children) of the children with disabilities reported are enrolled based on full education/inclusion, another 9% are enrolled in part-time education/inclusion, and 11% (155 children compared to 194 children in 2015) are trained at home.

In the case of children with SEN, 2/3 of the children are males, being even higher than the ratio of children with disabilities

Table 34. Distribution of children with disabilities by type of disability, level of education and sex

	Primary classes				Secondary classes				High school			
	Females		Males		Females		Males		Females		Males	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Children with physical disabilities	4%	6%	4%	9%	4%	8%	5%	12%	1%	1%	1%	0%
Children with intellectual disabilities	11%	8%	16%	12%	12%	13%	20%	19%	1%	0%	1%	0%
Children with sensory disabilities	3%	3%	4%	3%	6%	3%	6%	4%	1%	0%	1%	0%
Sub-total	18%	17%	25%	24%	22%	23%	31%	35%	2%	1%	2%	0%
Total per education cycle	2015 Primary: 43%				Secondary: 53%				High school: 4%			
	2017 Primary: 40%				Secondary: 59%				High school: 1%			
Total by sex	2015 Females – 42%;				Males – 58%							
	2017 Females – 41%;				Males – 59%							

* Source – „Questionnaire – Head of district department”

Statistics at school level

The number of children with different degrees of disability attending the educational institution reaches 173 pupils in primary schools and 247 in control schools (Table 35). The share of children with disabilities out of the total number of pupils in primary schools is 1.9% compared to 3.2% in the control schools (increasing compared to 2015 - 2.1%).

Depending on the type of disability, in the target schools the highest share (42%) accounts for children with intellectual disabilities, and in the control schools the children with physical and intellectual disabilities prevail at the same level.

Children with disabilities are predominantly concentrated in gymnasium classes (about 60%).

Table 35. Distribution of children with disabilities by level of education and method of education

Type of disability / Type of locality	Total				Primary classes				Secondary classes				High school			
	Target		Control		bază		control		Target		Control		Target		Control	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Physical disabilities	81	48	53	34***	33	19	26	15	46	26	23	19	2	3	4	-
Intellectual disabilities	82	73	82	33***	30	15	31	13	52	58	51	20	-	-	-	-
Sensory disabilities	27	51	29	17***	9	23	6	7	18	28	21	10	-	-	2	-
Full inclusion in mainstream schools	178	155**	150	204	66	44	56	76	110	93	88	128	2	3	6	-
Trained at home	12	17	14	7	6	7	7	3	6	9	7	4	-	-	-	-

* Source – „Questionnaire – School Director” / ** Locality Mândrești, Telenești district offered only the totals for schooling by total inclusion / *** The schools of control offered only data about certified children

The absolute majority of children with disabilities (over 90%) attends school, with 10% of primary education at target schools (rising from 2015) and 3% in control schools (going down from 2015).

The sex ratio of children with disabilities in the schools surveyed differs from the one at the raion level: 65% are boys and 35% girls. The number of boys prevails for each of the three types of disability (Table 36). No significant differences in types of disability are recorded by gender - both in the boys group and in the group of girls prevail intellectual disabilities.

Table 36. Distribution of children with disabilities by level of education and sex in the target schools

Type of disability	Total				Primary classes				Secondary classes				High school			
	Males		Females		Males		Females		Males		Females		Males		Females	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Physical disabilities	43	32	38	16	19	9	14	10	23	21	23	5	1	2	1	1
Intellectual disabilities	53	49	29	24	17	10	13	5	36	39	16	19	-	-	-	-
Sensory disabilities	15	31	12	20	6	13	3	10	9	18	9	10	-	-	-	-

* Source – „Questionnaire – School Director”

The data reflected in Table 37 indicates that during the last two school years 7 children with disabilities left school, 6 children were from the control schools.

Table 37. Evolution of the number of children with disabilities from 2012 to 2018

School year	Type of locality	Enrolled (total)			Out of them, graduated			Out of them, abandoned		
		Males	Females	Total	Males	Females	Total	Males	Females	Total
2012 – 2013	Target	118	71	189	8	7	15	1	-	1
	Control	106	69	175	28	15	43	-	-	-
2013 – 2014	Target	123	81	204	12	9	21	-	-	-
	Control	141	80	221	38	16	54	-	-	-
2014 – 2015	Target	116	74	190	8	1	9	-	-	-
	Control	99	65	164	5	5	10	-	-	-
2015 – 2016	Target	112	71	183	15	7	22	1	-	1
	Control	119	60	179	40	23	63	3	1	4
2016 – 2017	Target	110	69	179	10	10	20	-	-	-
	Control	123	58	181	38	25	63	2	-	2
2017 – 2018	Target	103	58	161	2	-	2	-	-	-
	Control	137	74	211	42	26	68	-	-	-

* Source – „Questionnaire – School Director”

The number of children with other special educational needs (SEN) but without severe forms of disability - 216 children (Table 38) in target schools (about 2.4% of total number of pupils) and 261 children in control schools (about 3.4% of the total number of pupils) is also added to the number of children with disabilities reported at school level. In this respect, the total share of children with special educational needs amounts to 4.3% of all pupils in primary schools and 6.5% of all pupils in control schools. In numerical terms, both in primary schools and in control schools the number of children with SEN declined significantly in 2017 compared to 2015.

Table 38. Distribution of children with SEN by level of education and sex

	Total				Primary classes				Secondary classes				High school			
	Males		Females		Males		Females		Males		Females		Males		Females	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Target localities	205	159	89	57	102	47	39	20	101	112	50	37	2	-	-	-
Control localities	255	178	112	83	101	68	53	37	143	110	54	46	11	-	5	-

* Source – „Questionnaire – School Director”

74% of children with SEN in primary schools are boys, compared to 69% in control schools.

The share of children with disabilities integrated in schools is over 90% in target and control schools, above the raion level, while the level of certification is lower in schools (65% in target schools and 38% in control schools compared to 81% at raion level).

Measures implemented to promote the school integration of children with disabilities

Public authorities acknowledge that the process of school inclusion of children with disabilities in general education institutions is a difficult or very difficult issue (67% of heads of Education Departments, increased by 7% from 2015). In order to facilitate this process, it is necessary to simultaneously implement measures to promote vertical and horizontal school inclusion by involving all the actors, parts of this process. This is in the process of being implemented and results in changes both at the level of perceptions and attitudes, as well as at the level of behavior, as confirmed by the results of the impact survey presented in the following paragraphs. Among the main promotional activities carried out at raion level there are the discussions held at the local council meetings, the electronic bulletins, materials on the subject in the local media, the organization of conferences, the attraction of projects and information campaigns.

In the given context, the study shows that all the raions and the vast majority of the surveyed educational institutions (100% of the target localities and 85% of the control localities) have medium-term institutional development projects (3-5 years) which include the problem of school inclusion of children with disabilities. Long-term strategic institutional planning, however, continues to be a problem for both raion and community level authorities. Thus, only 6 raions, as well as 50% of the target and control community institutions, state that they have long-term projects (6-15 years).

With the purpose to facilitate the process of school inclusion of children with disabilities, practically all the raion authorities included in the sample, as well as one of the two surveyed schools (65% of the targeted localities and 25% of the control localities) have signed cooperation agreements with NGOs specialized in the field. The most active associations in these collaborative processes are the Association Children, Community, Family (67% of the considerations of the heads of Raion Education Departments), LUMOS (60%), Keystone Human Services International Moldova Association (27%) and AO "Child Protection and Support "(20%).

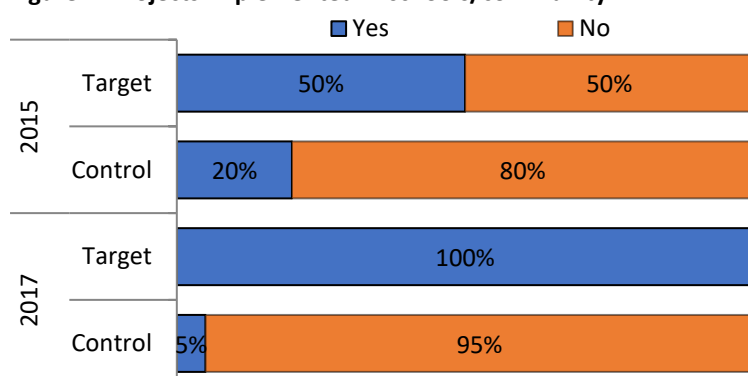
Practically, all surveyed raions (except for a raion) have implemented or are implementing projects in the area of integration of children with disabilities. In this respect, most of the raions (64%) benefited from at least three projects in the past two years and 29% have implemented a single project over the past two years. In total there were registered 54 projects in the area of integration of children with disabilities at raion level (compared to 36 projects in 2015). The duration of the projects is about 3 years, which speaks about their size, most projects being finalized or to be finalized in the current year. The average project budget ranges from 1.5 million lei to 2.8 million lei, the lowest budget being 6000 lei, and the most expensive - 14.3 million lei. The contribution rate of the raion councils has usually varied from 5% to 30%, but there were also projects (about a quarter) without the contribution of local authorities. The number of beneficiaries varied from project to project, the minimum number being 1 person, the maximum number - 1032 persons.

At the raion level, the projects covered a wide range of objectives and activities, such as promoting and implementing inclusive education in school and preschool education, piloting the inclusive education model, ensuring equal opportunities and social inclusion of children with SEN, building and strengthening capacities, promoting and strengthening public-private partnerships. The implementation of these projects has largely resulted in improvements in school infrastructure (installation of ramps, balustrades, sanitary blocks adjustment),

teacher education and training, community awareness, early identification and schooling of children with SEN, improving the institution's material base.

The study reveals that a number of inclusive education projects have also been implemented at the level of educational institutions (Figure 2). Schools from target communities benefited in proportion of 100% from projects compared to control schools (only 5% from 20% in 2015). Altogether,

Figure 2. Projects implemented in schools/community



*Source - "Questionnaire – School Director"

21 projects were registered in schools in the target communities (MSIF Project Reference) and only one project in the institutions of the control communities. The budgets of the projects at the level of the schools are significantly lower than in the case of the projects at the raion level, the maximum value registered in the target schools being just over 2 million lei, and the minimum value - 1.3 million lei. The maximum contribution of schools to the projects was 59% and the minimum - 1%. The maximum number of project beneficiaries was 1057 for target schools and 100 beneficiaries for control schools. The implementation of the projects resulted in teachers' training, school infrastructure adjustment, creation and endowment of resource centers with teaching materials, equipping schools with office equipment, integrating children with disabilities and SEN into schools, and promoting the rights of children with disabilities.

The active promotion of inclusive education at the local level is achieved through the activism of civil society supported by international partners. Local level authorities continue to be very passive and appear to be little accountable for this process. Thus, the study reveals that in 40% (75% in 2015) of target localities and in 82% (58% in 2015) of control localities the problems of children with disabilities in the locality, in particular, and school inclusion in general, never have been discussed at local council meetings in the past two years. However, we find that the MSIF Project has contributed to some extent to the accountability of the authorities by doubling the number of localities where the subject was approached at the meetings of the local councils.

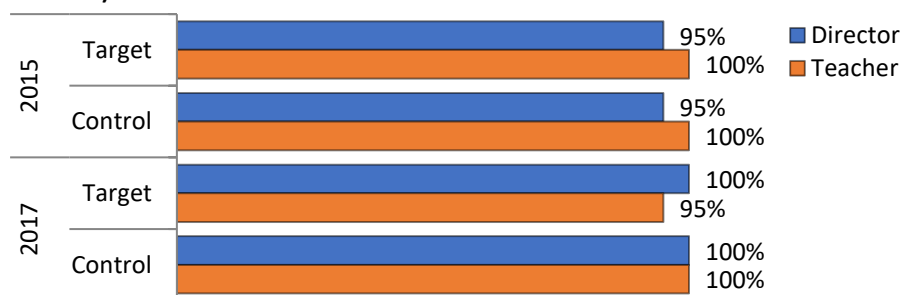
The failure of local authorities to address the problems of children with disabilities is also confirmed by the fact that in over 70% of surveyed localities the problems of children with disabilities and their approach are not included in the strategic plans of socio-economic development of localities.

In the case of localities where the problems of children with disabilities have been approached at local council meetings, decisions were made regarding the allocation of financial contributions to the implementation of the MSIF Project and participation in awareness raising activities.

The total amount of the local budget in all the communities in which decisions were made to implement the measures described above was about 1.2 million lei in the target communities and about 15 thousand lei in the control ones. The minimum amounts granted ranged from 8500 lei in target communities to 1700 lei in control communities.

As mentioned above, only 20% of the target localities and 29% of the control localities included in the strategic plans of socio-economic development the problems of children with disabilities. Among the main measures included in these plans is the creation of favorable conditions for inclusive education (endowment of public institutions with ramps and support bars, relocation of social assistance on the first floor), endowment of a canteen for vulnerable persons, renewal of the technical-material base of gymnasium and kindergarten in accordance with the age and disability characteristics; expanding the range of medical services provided to residents and children with SEN; implementation of socio-medical and social services for disabled people; development of repair projects and construction of roads with access for disabled persons; setting up a private kindergarten, ensuring the accessibility of children with disabilities; opening the cinema hall, ensuring the accessibility of children with disabilities; the implementation of inclusive programs in preschool institutions; creating a professional orientation and training service for people with disabilities (protected workshops); help in various forms (material, purchasing school supplies, sweets for Children's Day).

The most expensive measures amount to 1.7 million lei in the target communities and 1.5 million lei in the control communities. In most cases, these measures are expected to be achieved by 2020.

Figure 3. Promoting school inclusion of children with disabilities (affirmative answers)

*Source - "Questionnaire – School Director / Teachers"

According to the statements of school directors and teachers, the educational institutions strongly promote the inclusion of children with disabilities (Figure 3) by organizing different activities.

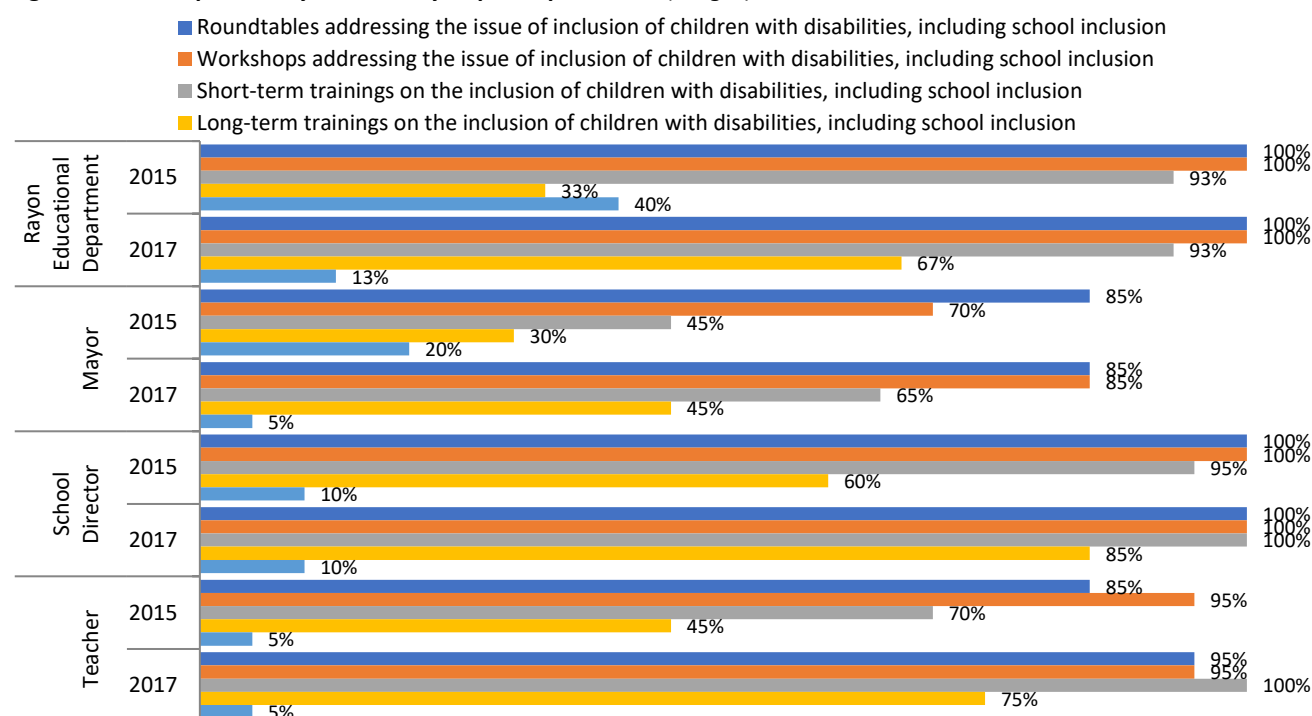
In the context of promoting school inclusion of children with disabilities, the educational departments have developed, mainly in the last 3 years, a number of activities at the local

level, including: organizing trainings, debates, seminars, conferences, creating and expanding the centers of resources for inclusive education (CRIE), support for teaching staff, extension of inclusive education services. The maximum costs for some of these measures amount to about 7 million lei, others do not involve any allocation of expenses. The number of targeted beneficiaries varies, depending on the activity / project, covering from 20 to over 12,000 people. The results of implementing these measures aimed at informing and directly involving teachers and parents in inclusive education, raising public awareness of inclusive education, providing psycho-pedagogical assistance to children with SEN, methodological assistance to teachers.

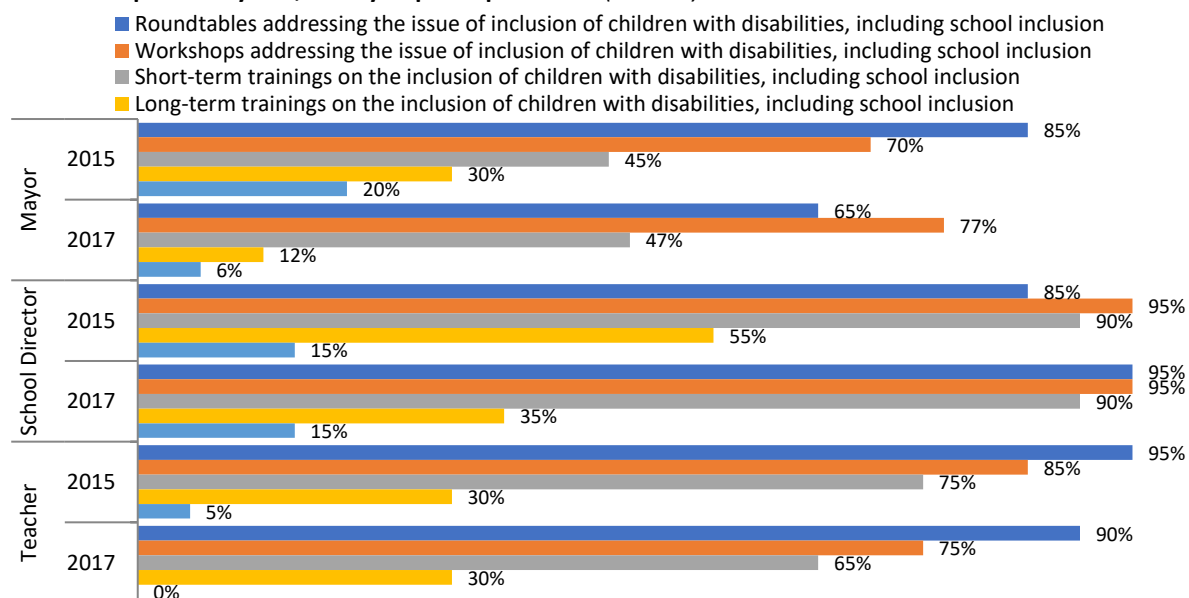
At the same time, educational institutions (practically all) have also carried out a series of activities for the promotion and integration of children with disabilities in general secondary education schools: meetings with parents and children; activities for children with disabilities, with the participation of healthy children; individual discussions held with parents on inclusive education; roundtables in school with various specialists addressing the issue of school inclusion of children with disabilities; sessions on parental education (how children should be educated).

The capacities of the first and second level social actors in the promotion and implementation of the concept of community and school inclusion of children with disabilities are formed and / or strengthened through several types of activities (Figure 4.1 and 4.2):

- Round tables
- Seminars
- Short-term training
- Long-term training
- Study visits abroad

Figure 4.1 In the past two years, have you participated in... (Target)

*Sursa – „Source - "Questionnaire - Head of Department / Mayor / School Director / Teacher"

Figure 4.1 In the past two years, have you participated in... (Control)

*Sursa – „Source - "Questionnaire - Mayor / School Director / Teacher"

Roundtables and seminars seem to be the most widespread capacity-building activities. However, compared to the baseline survey, the share of short- and long-term training has increased significantly, especially in the case of the localities (largely thanks to the MSIF Project).

Depending on the type of capacity building activities and the type of social actors, some interesting trends are found:

- Study visits are mainly attended by Heads of Raion Education Department and Mmayors, although their share dropped significantly compared to 2015;

- Teachers and school directors in a higher proportion than other social actors have received long and short-term training.

Also, the majority of the actors involved in the school inclusion of children with disabilities (Head of Department, , school directors, teachers, mayors) organized or participated in organizing in the last 2 years a series of activities where it was approached the researched subject. The most active were school directors and teachers (Figure 5, page 46).

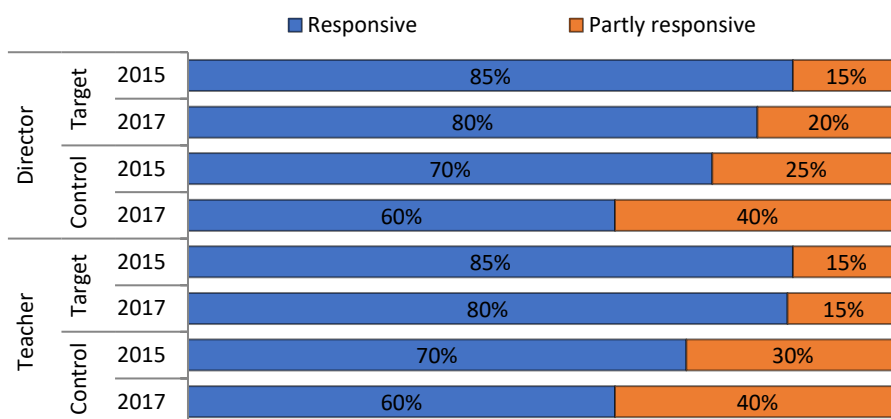
Some of the statements of local authorities, school administration and teachers are also confirmed by the parents of children with and without disabilities. 85% of parents with children with disabilities surveyed in target schools and 40% of control schools argue that the issue of inclusion of children with disabilities in the general secondary education school has been discussed at several meetings with parents over the past year.

The topics discussed during the sessions focused in particular on the process of educating children with disabilities (75%), adapting the school to the educational needs of children with disabilities (65%), organizing extracurricular activities of these children (55%) and elaborating of teaching materials (50%).

The study reveals that parents with children without disabilities are not reluctant to attend sessions on this subject. On the contrary, almost everyone considers them useful or very useful (95% of parents with and without children with disabilities).

On the other hand, school directors and teachers claim that receptiveness to inclusive education varies from parents with children with disabilities to parents with children without disabilities. Thus, parents with children with disabilities are quite receptive to information on inclusive education (Figure 6), while parents with children without disabilities are less receptive (55% in target communities and 25% in control communities). Moreover, the dynamics of the measurements show an insignificant diminution and the receptivity of the parents with children with disabilities, especially in the control communities.

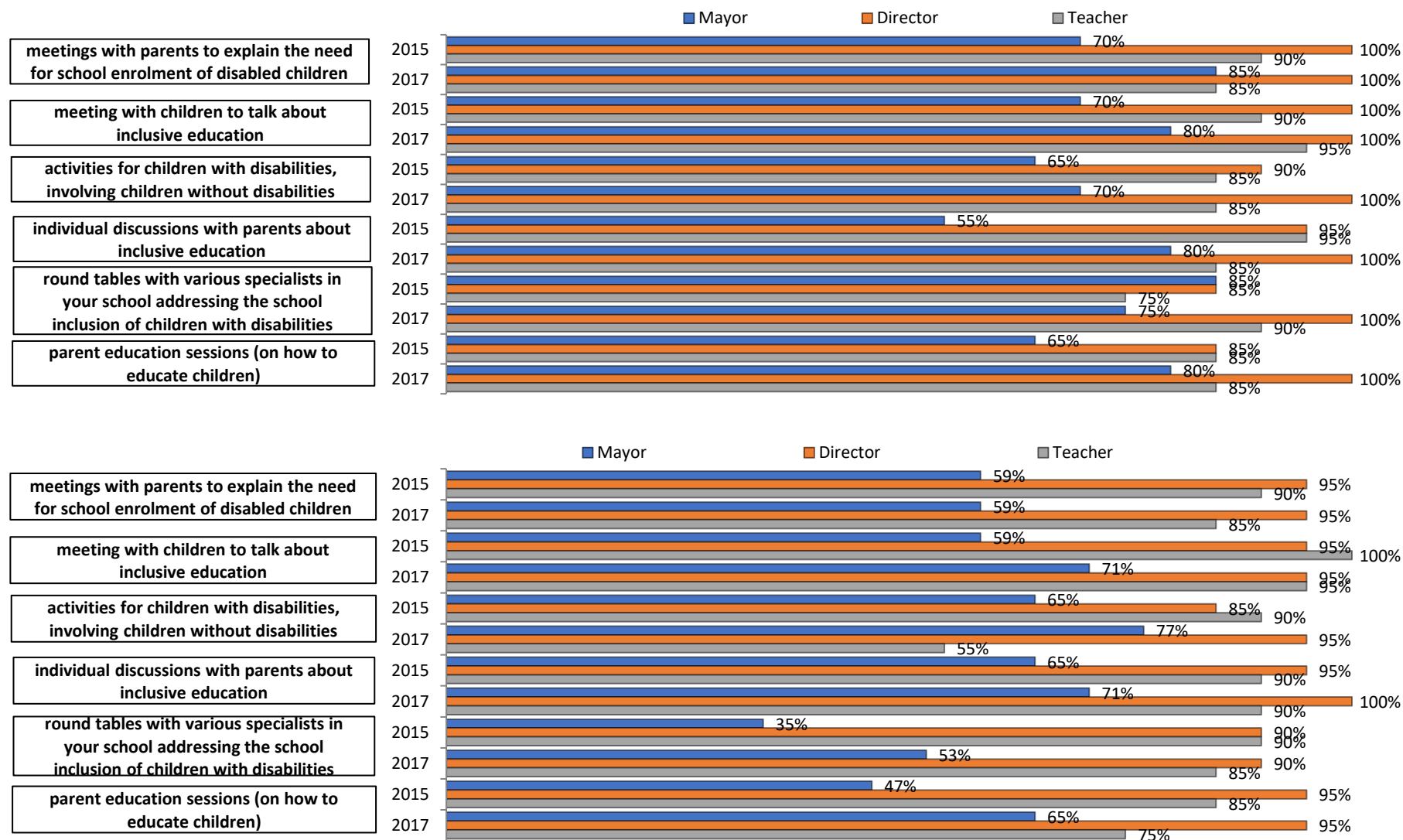
Figure 6. How responsive are the parents of children with disabilities to information about inclusive education?



* Source - "Questionnaire – School Director / Teacher"

According to the statements of the school directors and the questioned teachers (each second) both parents with children with disabilities and those with children without disabilities are actively involved at the level of proposals for common activities to be carried out with the involvement of children with disabilities (in the control communities the degree of involvement is lower). The proposed activities aim specifically at organizing thematic sessions (Family Day, Children's Day, the Day of the Persons with Disabilities), joint participation in competitions (musical, cultural, sporting), organization of roundtables with the participation of both categories of parents, concerts/ charity events. Also, the parents of children with disabilities propose organizing extracurricular activities (eg dick hands), special rest camps for these children, teaching individually, as well as working individually with these children.

Figure 5. In the past two years, have you organized...



* Source - "Questionnaire - Mayor / School Director / Teacher"

Problems specific to children with disabilities and / or SEN

Children with disabilities or special educational needs are different from children without disabilities, so their approach must be a specific one, depending on the problems they face in the inclusive integration process.

The survey's data reflects a number of issues faced by children with disabilities in the context of the school environment, in the opinion of social actors, parents and children. The degree of difficulty and the range of issues/problems vary significantly depending on the type of disability of the children (Tables 39-41). The comparative analysis shows, however, that a number of difficulties faced by children with disabilities have been significantly reduced due to the MSIF Project.

Table 39. Difficulties faced by children with physical disabilities (target communities)

	Mayor		School director		Teacher		Parent of children without disabilities		Children without disabilities		Average	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Transportation to school	75%	70%	75%	55%	75%	50%	84%	78%	87%	63%	79%	63%
Entry in the school (stairs, door) / movement within the school	60%	25%	100%	15%	75%	15%	83%	45%	73%	37%	73%	27%
Relationships with students in school	25%	25%	25%	0%	10%	5%	33%	29%	38%	20%	26%	16%
Integration in the class	25%	25%	20%	0%	15%	5%	29%	27%	37%	13%	24%	14%
Lack of friends	15%	25%	10%	15%	10%	10%	30%	29%	32%	23%	20%	20%
Insufficient communication with the teacher	5%	15%	5%	10%			17%	19%	15%	7%	10%	10%
Insufficient communication with the psychologist	15%	15%	20%	15%	5%	5%	20%	19%	12%	12%	15%	13%
Other			5%	15%	15%	5%	1%	5%	2%	2%	6%	5%
DNK/NA	5%	10%		20%	10%	35%	1%	4%	2%	2%	7%	14%

* Source – „Questionnaire – Mayor / School Director/ Teacher/ Parent of children without disabilities/ Children without disabilities”

Thus, the main difficulty with which children with physical disabilities continue to face is the *traveling to school*, a shared opinion on average of over 60 percent of social actors, parents and children without disabilities (Table 39), although this indicator has also decreased starting from 79% in 2015.

However, other important difficulties have been significantly reduced over the last two years, such as access to school (from 73% to 27%), relations with the pupils (from 26% to 16%) and classroom integration (from 24% to 14%).

„In particular those using a wheelchair face a problem with transportation to school; if the vehicle breaks down somewhere it will not come and then one has to bring a teacher home.” (DFG of the parents who have no children with disabilities)

The problem of traveling to school is also specific for children with sensory disabilities, although it was mentioned in a smaller proportion (Table 40). Generally, most of the issues highlighted in the baseline study have diminished over the last two years for children with sensory disabilities, especially in-school access and school travel, and also the relationships with the pupils. However, almost every second parent and one out of three non-disabled children find it difficult for children with sensory difficulties to go to school. In other words, the improvements made to the school infrastructure took less account of the specifics of this group of children.

The opinions of social actors, parents, and children without disabilities in control communities do not vary significantly from those of the target communities. The only exception concerns the problem of insufficient communication with the psychologist, which has constantly been emphasized in the control communities as a problem for all categories of children with disabilities.

Table 40. Difficulties faced by children with sensory disabilities (target communities)

	Mayor		School director		Teacher		Parent of children without disabilities		Children without disabilities		Average	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Transportation to school	50%	35%	20%	15%	40%		66%	49%	63%	38%	48%	27%
Entry in the school (stairs, door) / movement within the school	40%	25%	20%	20%	55%		60%	41%	50%	33%	45%	24%
Relationships with students in school	35%	30%	20%		10%	15%	37%	34%	37%	35%	28%	23%
Integration in the class	10%	25%	25%	5%	10%	5%	32%	32%	35%	27%	22%	19%
Lack of friends	25%	20%	15%	5%	15%	15%	35%	36%	42%	30%	26%	21%
Insufficient communication with the teacher	5%	5%	15%	10%	5%	10%	22%	20%	13%	13%	12%	12%
Insufficient communication with the psychologist	10%	5%	25%	10%	5%	5%	20%	21%	13%	13%	15%	11%
Other			5%	10%	15%		5%	7%	0%		5%	3%
DNK/NA	15%	25%	25%	25%	25%	70%	6%	7%	8%	3%	16%	26%

* Source – „Questionnaire – Mayor / School Director/ Teacher/ Parent of children without disabilities/ Children without disabilities”

Unlike children with physical and sensory disabilities, those with intellectual disabilities are more concerned with the problem of interacting with pupils without disabilities within the school and generally integrating into class of pupils (Table 41). And for these children, awareness raising and training activities within the MSIF Project did not have any impact, and the problem was not diminished. On the contrary, the indicators even worsened in the case of the perception of parents with children without disabilities, and especially in the case of children without disabilities.

Table 41. Difficulties faced by children with sensory disabilities (target communities)

	Mayor		School director		Teacher		Parent of children without disabilities		Children without disabilities		Average	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Transportation to school	45%	15%	20%	5%	45%		40%	19%	40%	7%	38%	9%
Entry in the school (stairs, door) / movement within the school	25%	10%	20%	5%	15%		28%	10%	37%	3%	25%	6%
Relationships with students in school	35%	45%	45%	10%	30%	15%	46%	50%	40%	70%	39%	38%
Integration in the class	25%	50%	40%	10%	35%	15%	39%	49%	37%	35%	35%	32%
Lack of friends	35%	35%	20%	15%	25%	20%	38%	48%	33%	30%	30%	30%
Insufficient communication with the teacher	10%	10%	15%	20%	10%		25%	26%	13%	38%	15%	19%
Insufficient communication with the psychologist	15%	15%	10%	15%	15%	20%	29%	26%	17%	12%	17%	18%
Other					5%		4%	5%	2%		2%	1%
DNK/NA	15%	20%	15%	25%	10%	50%	6%	5%	5%	3%	10%	21%

* Source – „Questionnaire – Mayor / School Director/ Teacher/ Parent of children without disabilities/ Children without disabilities”

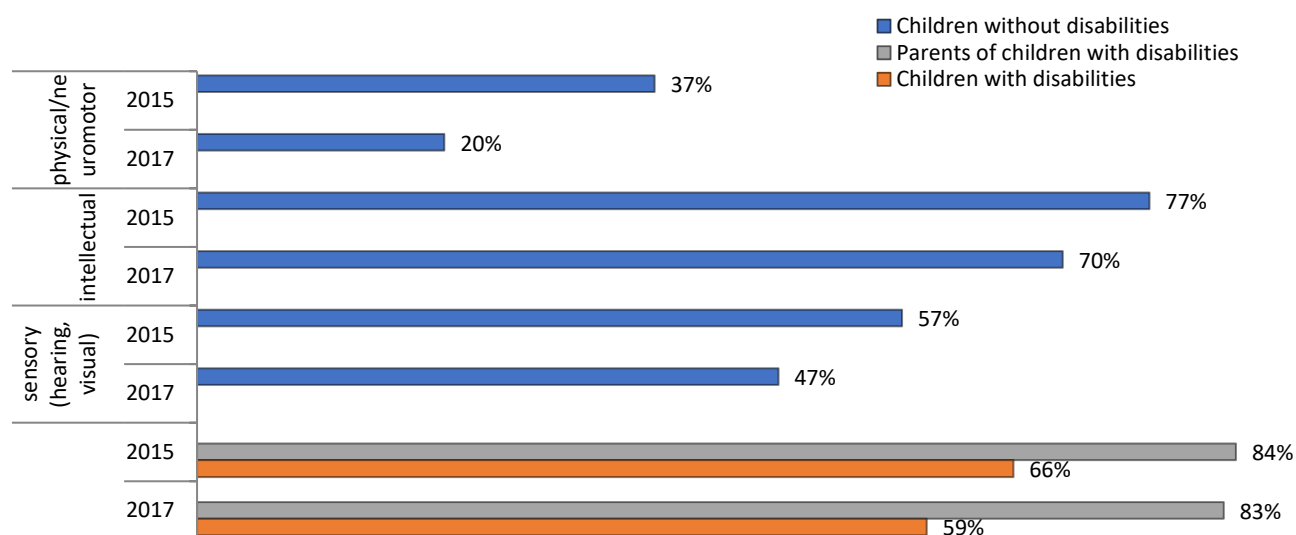
Another finding of the study is that many of the social actors (mayors, social workers, school directors and teachers) have been unable to comment on the problems faced by children with disabilities (Tables 39-41). However, this could be an indirect indicator of their insufficient initiation and involvement in addressing these issues and effective implementation of the inclusive education process.

On the other hand, the main problem faced by children with disabilities, in the opinion of the majority of children with disabilities interviewed and their parents, continues to be *the school learning* (Figure 7). That view is also

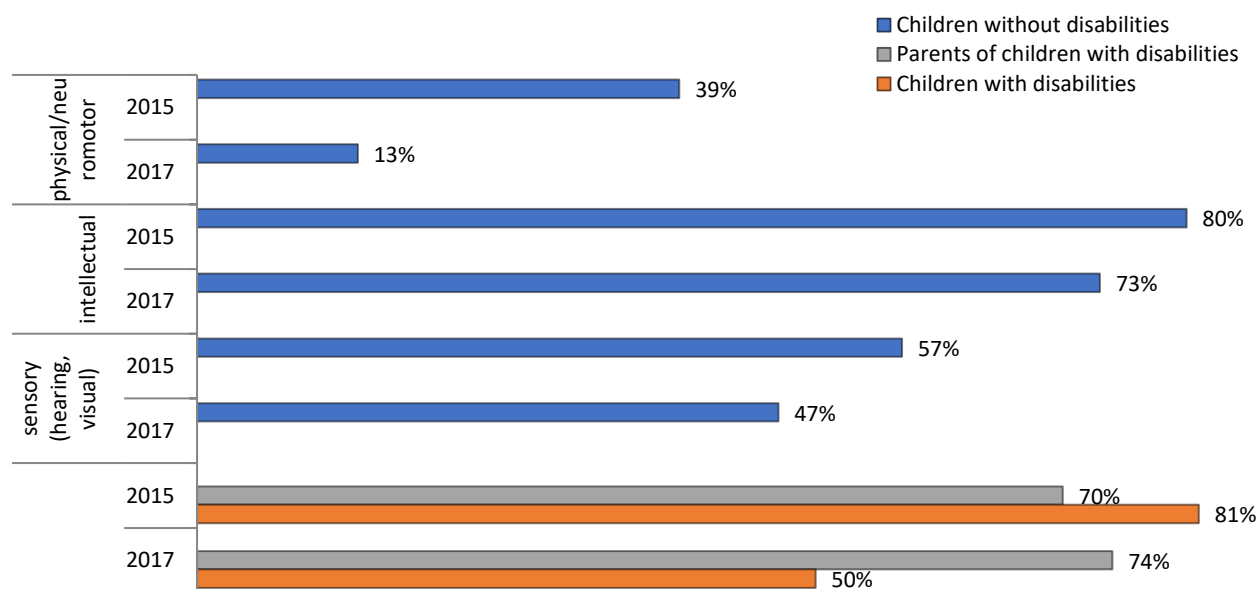
shared by children without disabilities. However, the problem of school learning related to subjects taught is more specific to children with intellectual disabilities, but also to those with sensory disabilities. Two other issues of importance, in the opinion of the parents of children with disabilities and their children, continue to be their children's relations with other school pupils/mates and the lack of friends (which did not diminish according to its acuity starting from 2015). On the other hand, only 5% of parents with children with disabilities (compared to 26% in 2015) claim that integrating their children into the classroom is a serious problem.

Problems with home-based disabled children are similar to those of school children, but the biggest ones are transportation, school learning, and inadequate communication with the psychologist.

Figure 7. Specific problems faced by children with disabilities - learning of school subjects *Target*



Control



* Not specified by disability

** Source – „Questionnaire - Parent of children with disabilities / Children without disabilities / Children with disabilities”

Coming back to the transport issue, the survey demonstrates from the observations of children without disabilities and their parents that most children with disabilities, including children with physical and sensory disabilities, continue to walk to school (Table 42-43). The lack of school transport is mainly mentioned in the schools in the control communities.

Table 42. What s of transport are used by children with disabilities to travel to school (multiple answers)

	Physical disabilities				Intellectual disabilities				Sensory disabilities			
	2015		2017		2015		2017		2015		2017	
	Target	Control	Target	Control	Target	Control	Target	Control	Target	Control	Target	Control
By family car	37%	44%	25%	13%	22%	29%	7%	13%	18%		18%	
By school bus	41%	11%	43%	25%	33%	21%	48%	20%	40%	55%	34%	33%
By foot	59%	56%	29%	75%	62%	79%	65%	80%	58%	100%	64%	67%
Other	6%	11%	14%	13%	3%	7%	1%				1%	

* Source – „Questionnaire –Parent of children without disabilities”

Table 43. What s of transport are used by children with disabilities to travel to school (multiple answers)

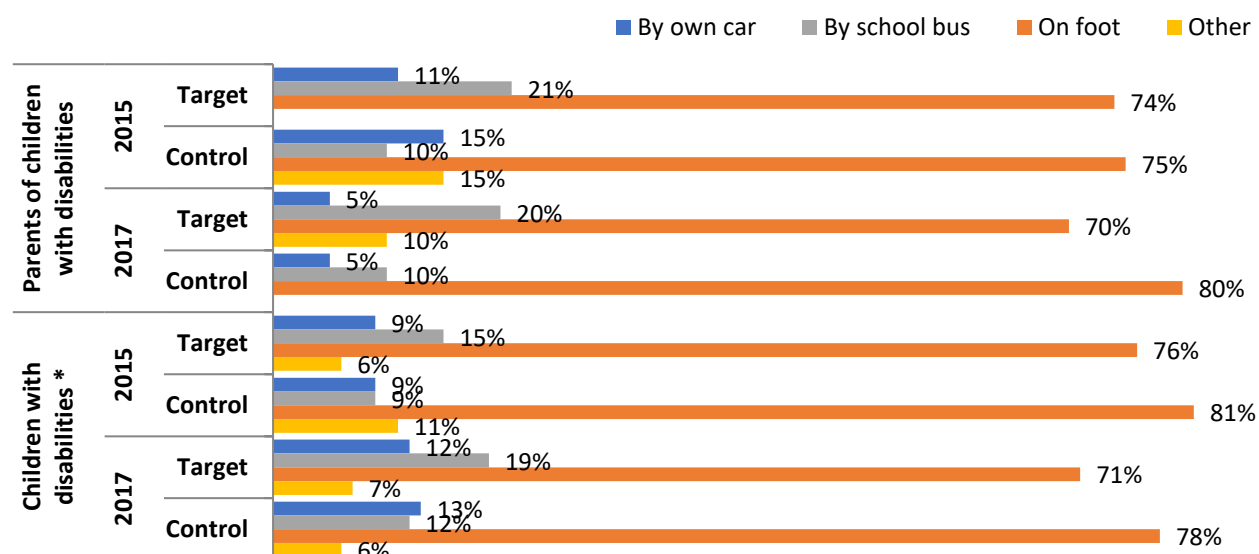
	Physical disabilities				Intellectual disabilities				Sensory disabilities			
	2015		2017		2015		2015		2017		2015	
	Target	Control	Target	Target	Control	Target	Target	Control	Target	Target	Control	Target
By family car	24%	39%	32%	33%	8%	13%	17%	6%	18%	7%	56%	
By school bus	38%	21%	28%	20%	28%	17%	39%	24%	64%	40%	89%	60%
By foot	55%	46%	48%	60%	64%	79%	57%	82%	55%	93%	44%	40%
Other	17%	18%			6%	8%		2%				

* Source – „Questionnaire – Children without disabilities”

Observations of children without disabilities and their parents are also confirmed by the statements of children with disabilities and their parents (Figure 8). Thus, the absolute majority of children with disabilities moves to school on foot, despite the fact that about 60 percent of them are children with neuromotor or sensory disabilities.

The share of children traveling with the school bus is about 2 times higher in the targetc communities, basically symmetrical with the proportion of schools having a bus in the target communities (88%) and control communities (30%). It is important to note in this context that only in the case of a target school the bus is adapted to the special requirements of children with neuromotor disabilities.

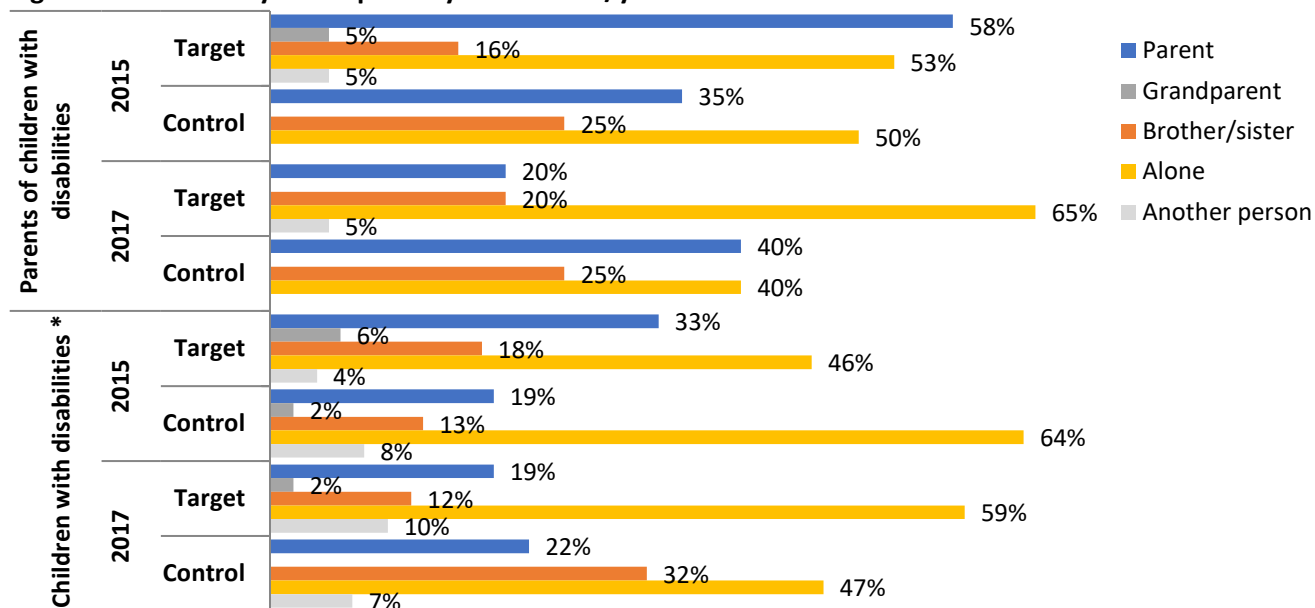
Figure 8. What means of transportation are used by the child to travel to school?



* Source - "Questionnaire -Parents of children with disabilities / Children with disabilities”

The average duration of the traveling of children with disabilities to school is 14 minutes for the target localities and 16 minutes for the control localities. Besides the fact that the absolute majority of children with disabilities travel to school usually on foot, each of them is not accompanied by any of the relatives or other adults (Figure 9). In 2017, the share of children going to school unaccompanied by somebody grew up in the localities. In cases when accompanied by someone, attendants are usually parents or older siblings.

Figure 9. Who usually accompanies your children/you to school?



* Source - "Questionnaire -Parents of children with disabilities / Children with disabilities"

The perceptions or observations of children without disabilities and their parents on the attendants of children with disabilities vary significantly from the statements of children with disabilities (Table 44-45).

Table 44. Who usually accompanies children with disabilities to school?

	Physical disabilities				Intellectual disabilities				Sensory disabilities			
	2015		2017		2015		2015		2017		2015	
	Target	Control	Target	Target	Control	Target	Target	Control	Target	Target	Control	Target
Parent	84%	78%	78%	38%	57%	64%	46%	33%	71%	33%	51%	33%
Grandparent	32%	22%	20%		20%	14%	9%		22%		14%	
Brother/sister	27%	44%	23%	38%	29%	43%	20%	27%	33%	33%	29%	
Alone	20%		22%	38%	39%	50%	51%	60%	34%	67%	38%	33%
Other person	4%	11%	4%	13%	4%	7%	6%		3%	17%	4%	

* Source – „Questionnaire – Parent of children without disabilities”

Table 45. Who usually accompanies children with disabilities to school?

	Physical disabilities				Intellectual disabilities				Sensory disabilities			
	2015		2017		2015		2015		2017		2015	
	Target	Control	Target	Target	Control	Target	Target	Control	Target	Target	Control	Target
Parent	72%	89%	76%	60%	50%	46%	46%	28%	55%	20%	78%	
Grandparent	21%	18%	20%	13%	3%	10%	7%	4%		27%	11%	20%
Brother/sister	10%	21%	12%	40%	17%	23%	13%	26%		20%	33%	60%
Alone	3%	14%	8%	27%	39%	58%	37%	62%	27%	87%	11%	40%
Other person	17%	4%		7%	8%	4%	9%	8%	9%			

* Source – „Questionnaire – Children without disabilities”

Another problem faced by children with disabilities concerns verbal or physical aggression in school. Thus, we note that every second child with disabilities in schools in control communities and every third child in target communities reported cases of injustice / oblivion (especially children with intellectual disabilities). In most cases, the children referred to verbal (80%) and physical (58%) sudden disruption, half of them reporting incidents like that at least once a month on average. Verbal, especially physical injuries to children with disabilities (manifested, especially with reference to children with intellectual disabilities) in the school were also confirmed by children without disabilities.

Besides, the survey also reveals a number of difficulties faced by teachers in the training of children with disabilities. In most cases, they are related to the problem of acquiring information related to school subjects by these children, namely: the lack or insufficiency of specialized teaching materials and equipment (especially in control schools), as well as the teaching and learning of school subject by the pupil.

The Heads of the Raion Education Departments have reported a number of other problems addressed by the respective families, which reflect the specific needs of these children: psychological counseling and speech training services (90% of Heads of the Raion Education Departments), kinesitherapeutic services (60%), special program of study, additional didactic assistance to certain subjects, lack of carriage (27%).

Conclusions

The statistical data reveal that the share of children with disabilities enrolled in the educational system prevails among children with intellectual disabilities, followed by children with physical disabilities, the minority being the children with sensory disabilities. Most children with disabilities or Special Educational Needs (SEN) are male.

Most children with disabilities who study at a general secondary education school (general schools) have physical or sensory disabilities, being dependent on access facilities to and within the school.

The inconsistency of reported data between different indicators and dynamic data (sudden variations) reflects the continuing problem of either incompetence to make calculations (or irresponsibility), or the lack of a common calculation basis for all indicators, either one or the other. In this context, it is important to collaborate vertically and horizontally among the public authorities, to train their skills to make a qualitative data record, systematize data, and report data based on common definitions, indicators, and common calculation bases. The optimal option would be to develop a single electronic register for all public services that record children with disabilities and / or special educational needs.

Although there are years since the process of school inclusion of children with disabilities has been initiated, not all social actors are aware of the importance and the gravity of this problem, with less involvement in promoting inclusive education. This is particularly the case with mayors.

Problems specific to children with disabilities vary according to the type of disability: those with physical and sensory disabilities are particularly faced with problems of transportation and movement within the school, while children with intellectual disabilities are faced with problems of learning the subject taught, communication with the colleagues, integration with the pupils from the class, and lack of friends. The activities/measures related to school inclusion of children with disabilities should focus on these two issues, while taking into account the fact that the natural difficulties of children with disabilities related to school learning do not negatively affect children without disabilities.

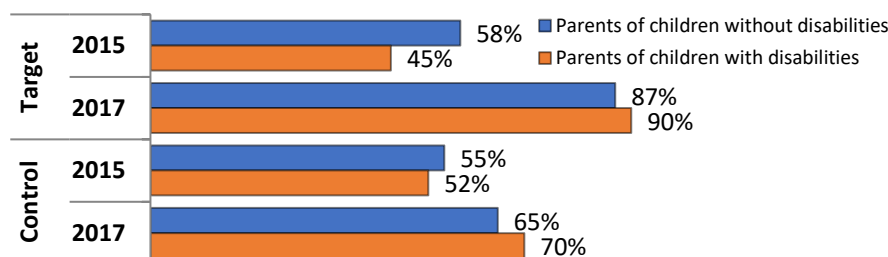
However, thanks to the MSIF Project, in the target communities the school infrastructure problems adjusted to the needs of children with disabilities (except those with sensory disabilities) have been largely solved, as well as there have been largely solved the problems of integrating children with disabilities into classes (relations among pupils), especially with reference to children with physical disabilities (and less in the case of those with intellectual disabilities).

Most of the children with disabilities (including physical ones) are moving to school on foot without being accompanied by anyone.

ATTITUDES AND PRACTICES REGARDING INCLUSIVE EDUCATION

General assessments of inclusive education

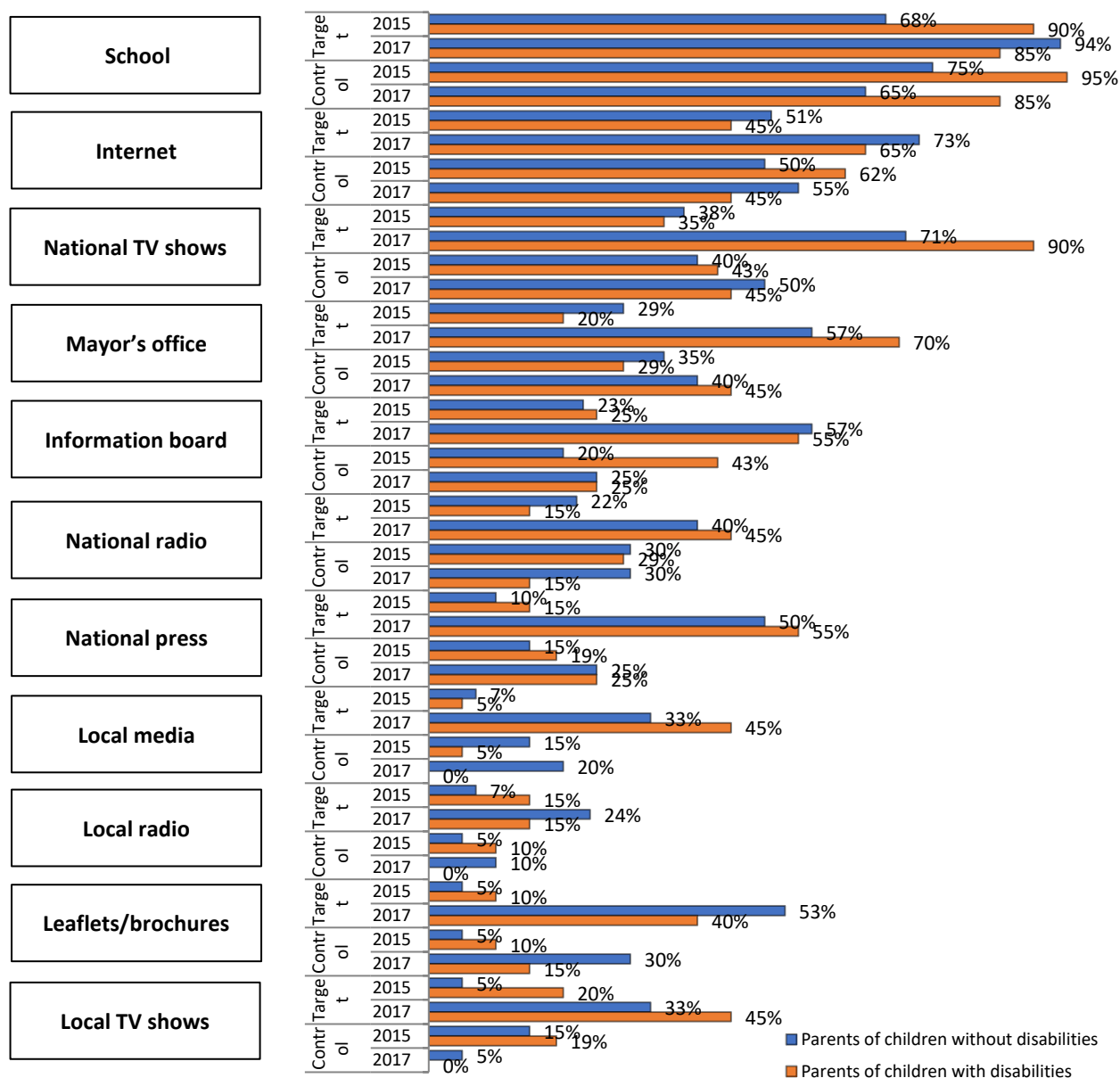
Figure 10. Have you heard about inclusive education?



* *Source - "Questionnaire - Parent of children with disabilities/ Parent of children without disabilities"

The information campaigns organized in the target communities had the expected effect at the level of learning. Thus, nine out of ten surveyed parents (Figure 10) have heard about inclusive education, this number being much higher than the share of parents in control communities, although there is a growing trend in these communities.

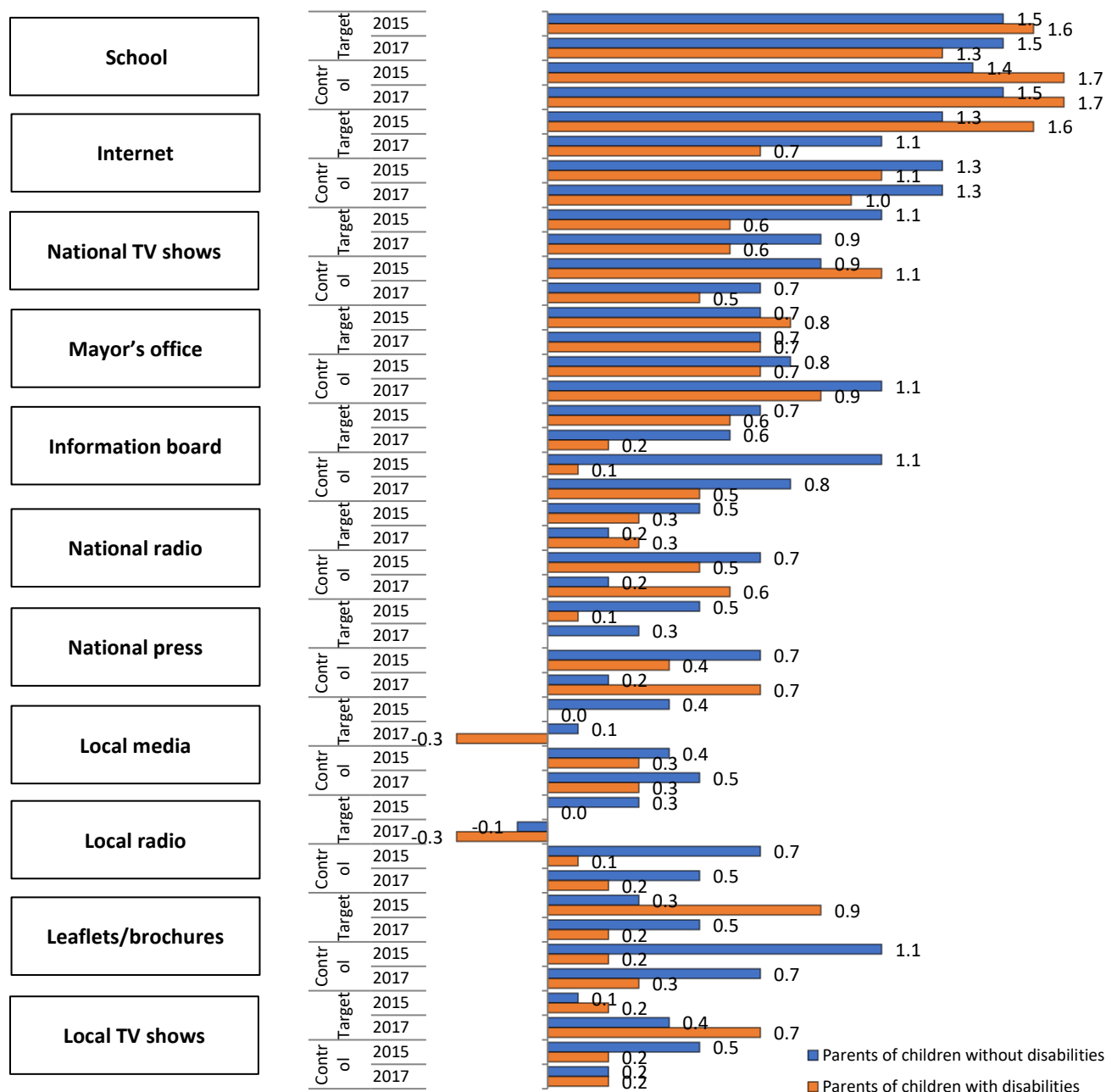
Figure 11. Sources of information about inclusive education



* Source – „Questionnaire – Parent of children with disabilities/ Parent of children without disabilities”

For both groups of parents (with and without children with disabilities), school remains the main source where from they learned about inclusive education (Figure 11). At the same time, in 2017, the National Television and local authorities became much more active, the share of parents who have learned about inclusive education from these sources has practically doubled or even tripled in 2017. information boards and brochures also constituted a source of information for each second parent. All these activations are only valid for target communities. In control communities the situation remained almost unchanged.

Figure 12. Opinions on the effectiveness of information sources about inclusive education

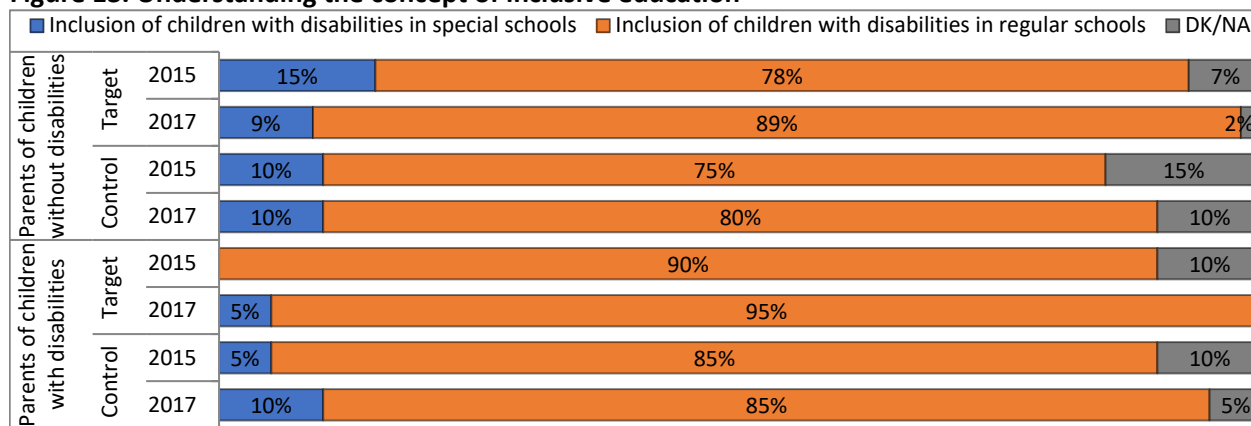


* Source – „Questionnaire – Parent of children with disabilities/ Parent of children without disabilities”

Respondents were asked to assess the effectiveness of information sources in relation to inclusive education. Efficiency was evaluated on a scale of -2 to +2, where (-2) means not at all efficient and +2 means very effective. Thus, the most effective sources of information continue to be school and the Internet, and the least efficient sources is local media (Figure 12). It is important to note that parents with children with disabilities have provided lower efficiency scores in the impact survey, including for schools and in the target communities.

The vast majority of parents understand by "inclusive education" to include children with disabilities in regular schools (Figure 13), this indicator being higher than in 2015. Comparative analysis of responses shows that parents with children with disabilities usually assign to the concept "Inclusive education" this meaning more often than parents who do not have children with disabilities. At the same time, the correct perceptions of the term predominate in the responses of the target group compared to the control group.

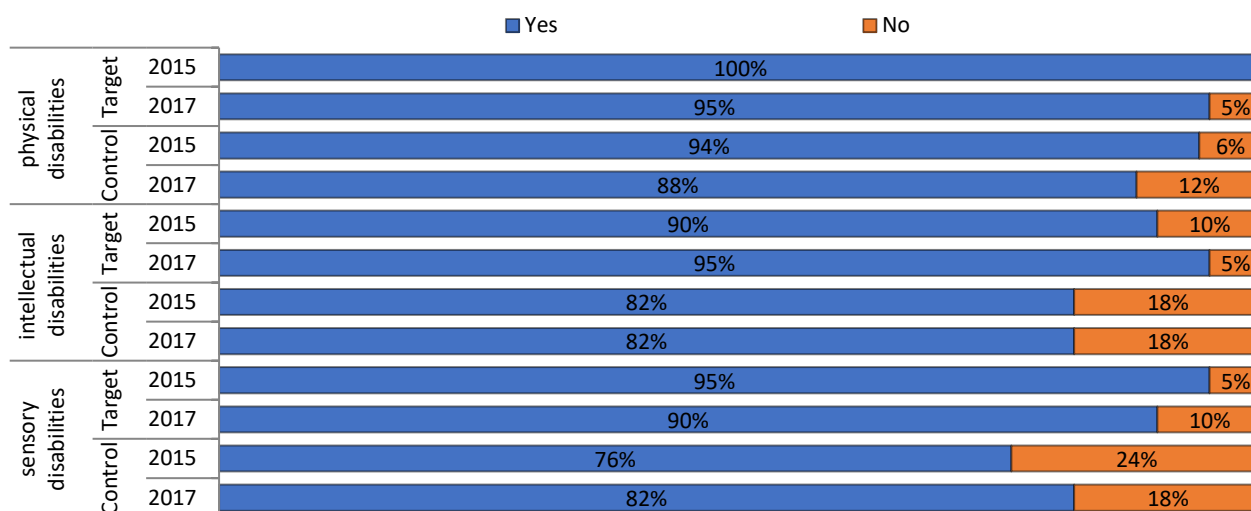
Figure 13. Understanding the concept of inclusive education



* Source – „Questionnaire – Parent of children with disabilities/ Parent of children without disabilities”

From the experience of representatives of local public authorities, parents with children with disabilities generally want them to go to school (Figure 14). In the opinion of mayors, the intentions of the parents vary according to the type of child's disability. Thus, parents with children with physical impairments are more likely to enroll their children in school than parents who have children with intellectual and sensory impairments, a situation prevalent in the control localities.

Figure 14. From your experience, are parents of children with disabilities willing to enrol their children in school?



* **Source – „Questionnaire – Mayor”

According to Local Public Administration (LPA) representatives (heads of departments, mayors, social workers, teachers) parents enroll children with disabilities in general secondary education schools due to the fact, that they are convinced their children are like other children and need to be together. Parents believe that general school can better contribute to intellectual development, life competences and skills development, unless children with disabilities are segregated. In addition, the general education school provides children with disabilities with an environment where they can communicate and find friends more easily. Beyond these arguments, general education school attendance means having equal chances and enjoying the same rights in education for all children, regardless of their physical, sensory or intellectual condition. According to LPA representatives, parents are

convinced that children with disabilities attending a general education school have a better chance of integration into society.

“They should go to school because they have to become adapted, to learn something good and useful from children without disabilities. In their turn, children without disabilities could learn from such children what it means to be ostracised by others and what is correct behaviour.”

“They should know how to behave in their day to day life because in the future they will not be able to remain in isolation all the time and will have to communicate with others.” (DFG of the parents who have children with disabilities)

From the experience of LPA representatives, parents who decide not to send their child to a general education school argue the decision differently, depending on the type of deficiency. In the case of parents with children with physical disabilities, the main reason is the lack of accessibility of the educational institution. Children with intellectual disabilities are not enrolled in school because parents are afraid they will not be able to learn based on curricula and will have adaptability problems. Parents with children with sensory disabilities do not enroll them in the general education school due to the lack of specialized teachers to provide the necessary support for school inclusion. Other reasons (according to LPA representatives) include the fear of parents that children with disabilities should not be obedient to other children, and also they have the conviction that their children *may not go to school*.

According to Fig. 15, most parents are in favor of including their children with disabilities in the general education school. Per tototal, this opinion is more often expressed by respondents who care for children with disabilities (compared to those without children with disabilities). At the same time, the degree of acceptability of children with disabilities in general education institutions is higher in the case of physical deficiencies, and considerably lower than children with sensory and intellectual disabilities.

“I would not interpret it as a problem for the children with physical disabilities. They should not be ignored; on the contrary they should be supported and involved in diverse activities. They should not feel they are ignored by the society, but rather that they are also taken into account.” (DFG of the parents who have no children with disabilities).

Children with disabilities themselves think that they need to learn in general education schools, along with other children. At the same time, the share of respondents who believe that the place of children with disabilities is with the other children in mainstream schools is higher in the target group (compared to the control group).

However, the analysis of dynamic measurements illustrates a significant decrease in the percentage of children with disabilities who choose to study in general education school, even in the target communities. The same applies to parents with children with disabilities, albeit with a less significant percentage. On the other hand, the percentage of parents with children without disabilities with a pro-inclusion attitude of children with disabilities in general education schools increased significantly.

The data presented in Figure 15 also indicates that most parents opting for a segregated approach to education are those who have children without disabilities, especially when referring to children with intellectual and sensory impairments.

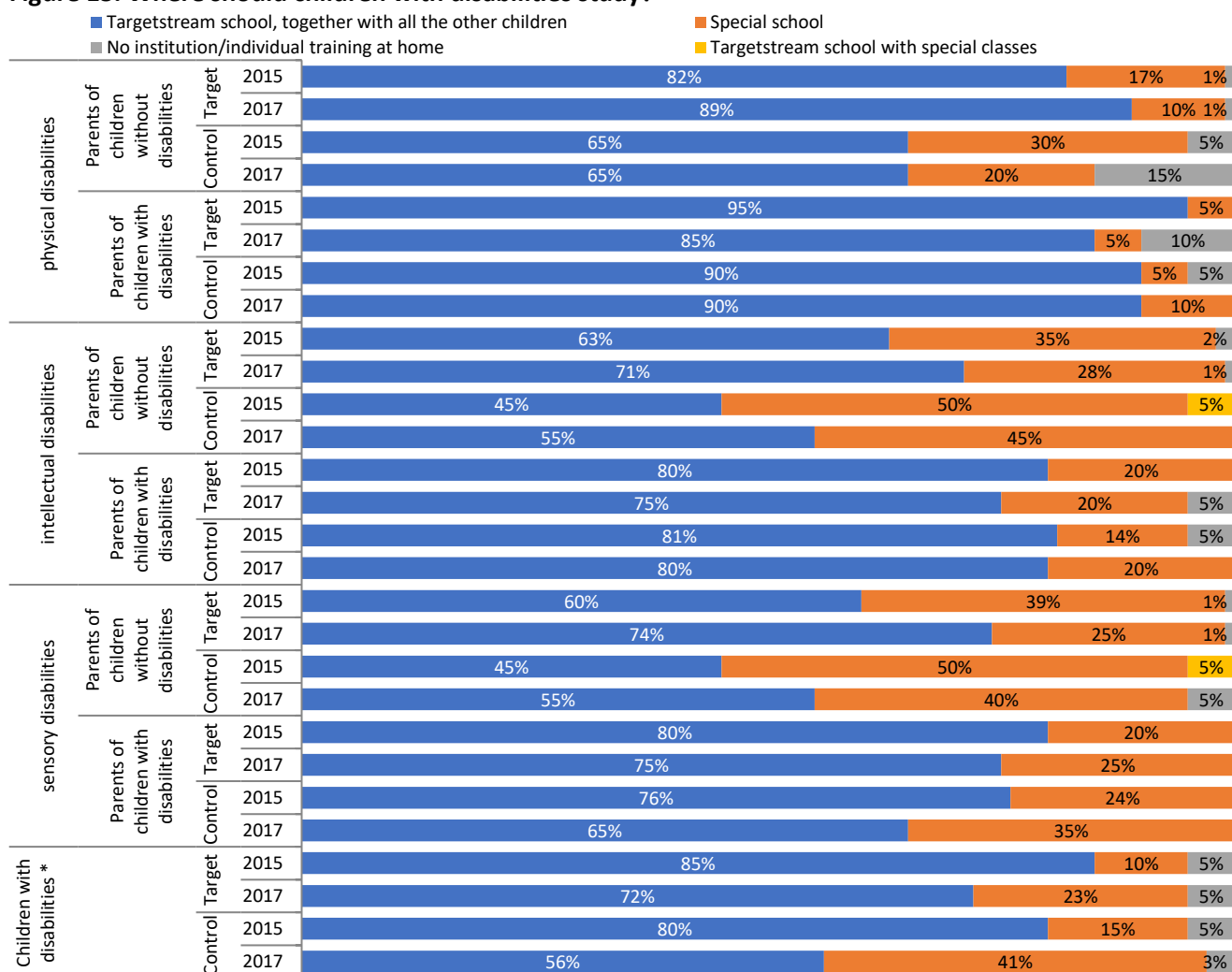
Facing the views of the LPA representatives on parents' decisions whether or not to include children with disabilities in general education schools with the views of their parents, the majority of parents' choice for inclusive education is confirmed. Parents are convinced that in general education school children with disabilities learn more, all children learn from each other, they urge each other. The whole society benefits: children with disabilities will integrate more easily into society, will not be rejected by other members because they have grown together and have learned the diversity starting from their childhood.

Moreover, the respondents (representatives of LPA, parents and children) were asked to answer a closed question, expressing their views on the benefits of bringing children with disabilities into school. The data collected show a high level of awareness of the benefits by the absolute majority of respondents. Thus, children with disabilities, once enrolled in the general school, will integrate more easily into society, communicate more easily with community members, engage more easily in the labor market, and help solve local problems.

The share of those who opt for including children with disabilities in *special schools* is higher for children with intellectual and sensory impairments (predominantly control communities, almost every second parent without children with disabilities) - (Figure 15). Parents of children with disabilities who opt for this form of training are motivated by the fact that there are special conditions adapted to the type of disability and therefore will work better with the children. Children with intellectual disabilities will be better at a special institution because they are *all the same* and learn from others, they think with some deficiencies, and they learn school subject with some difficulties, and those with sensory disabilities will not mess around here and the children will not laugh by them.

“It is better for the children with mental disabilities to go to special schools together with other children with similar problems who speak their language, so to say. Others do not understand them in mainstream schools and the attitude to them is awful; children with disabilities are treated differently.” (DFG of the parents who have no children with disabilities)

Figure 15. Where should children with disabilities study?



* Source – „Questionnaire – Parents of children with disabilities / Parents of children without disabilities / Children with disabilities”

For *individual home education*, opt up to 15% of respondents, with insignificant differences depending on the type of disability, type of community and respondent group. The reasons invoked by parents of children with disabilities for home-based training are the difficulties of traveling, the inaccessibility of information for children with sensory disabilities, and the dissuading of children with intellectual disabilities by children without disabilities. The same arguments are brought by teachers.

As far as actual practices are concerned, we mention that about 9 out of 10 children with disabilities surveyed both in the target localities and in the control localities are trained in general education schools, 3% of these children in the target communities being trained only in the center resources for inclusive education. The other children are

trained either in special schools or at home. This information is largely consistent with the results obtained from parents with children with disabilities.

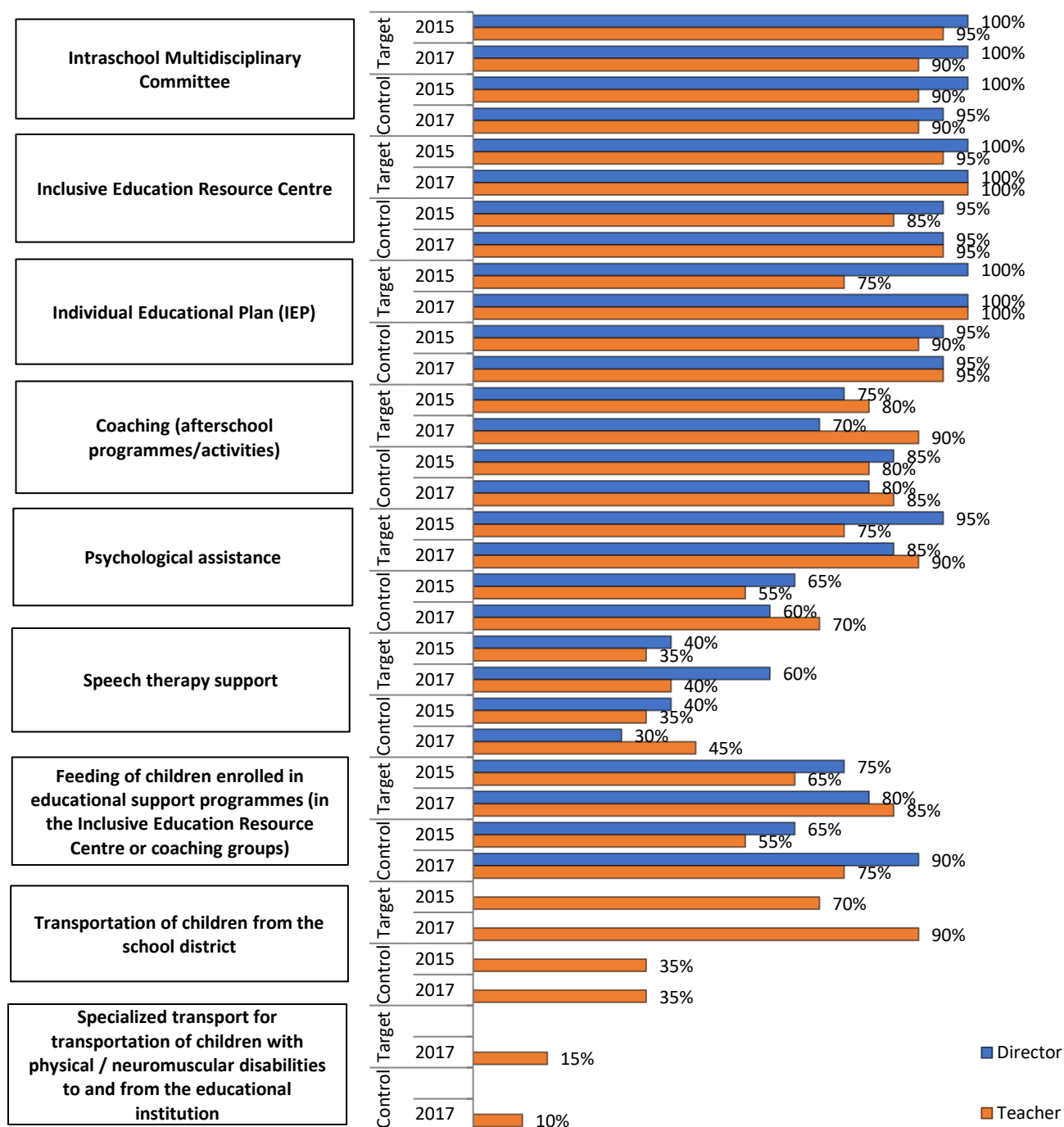
The main reasons for parents to make the decision to include children in general education schools is the desire for their children not to be excluded, to be able to communicate with other children and to be with them, and the fact that in this way the child is closer to home, family.

The reasons for choosing home schooling are mostly related to going to school. Secondary reasons were the lack of adequate conditions in school, parents' unwillingness to give their child to school, or the limited possibilities of parents to bring them to school. It is worth mentioning that more than half of the children with home schooling said that the decision belongs to them personally, this form of training being appreciated by most of them as more efficient than the education in general or special education school.

The educational offer for children with disabilities is mainly made up by the Multidisciplinary Intra-School Commission (MIC), Resource Centers for Inclusive Education (RCIE) and the Inclusive Education Designing Team (IEDT) - Figure 16, being provided practically in all target schools. Specialized services (psychological assistance, meditation, nutrition, transportation of children in the school district) are offered to practically 9 out of 10 schools, especially the target ones. Speech Therapist services, however, continue to be a difficult problem for schools, along with the availability of specialized transport.

In control schools, a serious problem also concerns the provision of a transport service for children with disabilities, as opposed to the target communities, where the problem seems to be solved.

Figure 16. Benefits of school enrolment of children with disabilities

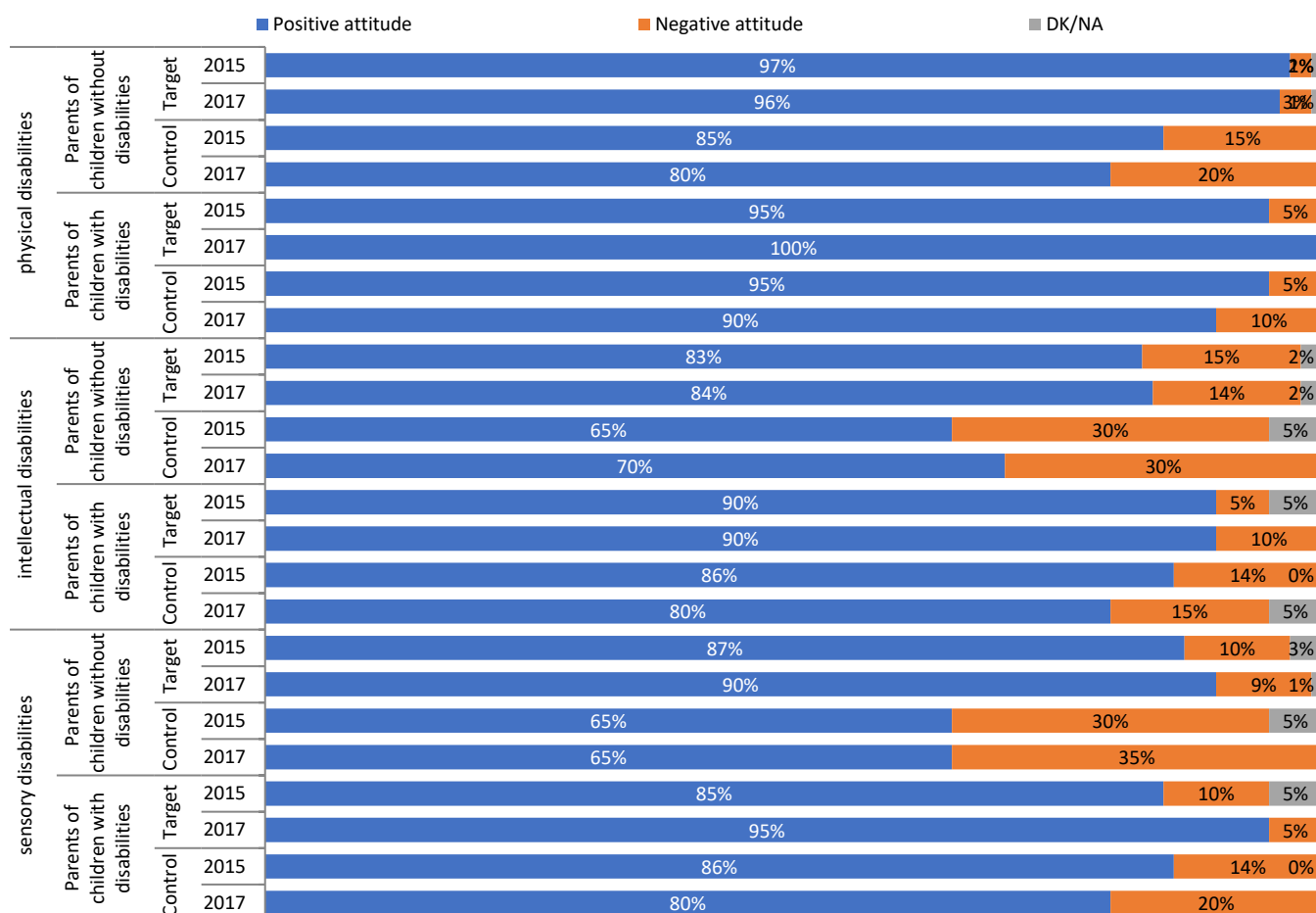


* Source – „Questionnaire – School Director/ Teachers”

The level of acceptance and inclusion of children with disabilities in general education school

Parents generally have a positive attitude towards the inclusion of children with disabilities in mainstream schools (Figure 17). At the same time, the study data shows that the attitude of the parents depends on the type of disability, the degree of acceptability continues to be higher compared to the children with physical disabilities and less to the children with intellectual disabilities and sensors. In addition, parents who do not have children with disabilities manifest more often attitudes of school segregation, especially in control localities.

Figure 17. Attitudes regarding the inclusion of children with disabilities in mainstream schools



* Source – „Questionnaire - Parent of children without disabilities/Parent of children with disabilities”

“So I think it should depend on the disability; if the disability is more pronounced or multiple or something like that, they should stay in a separate room, kind of an auxiliary.” (DFG of the parents who have no children with disabilities)

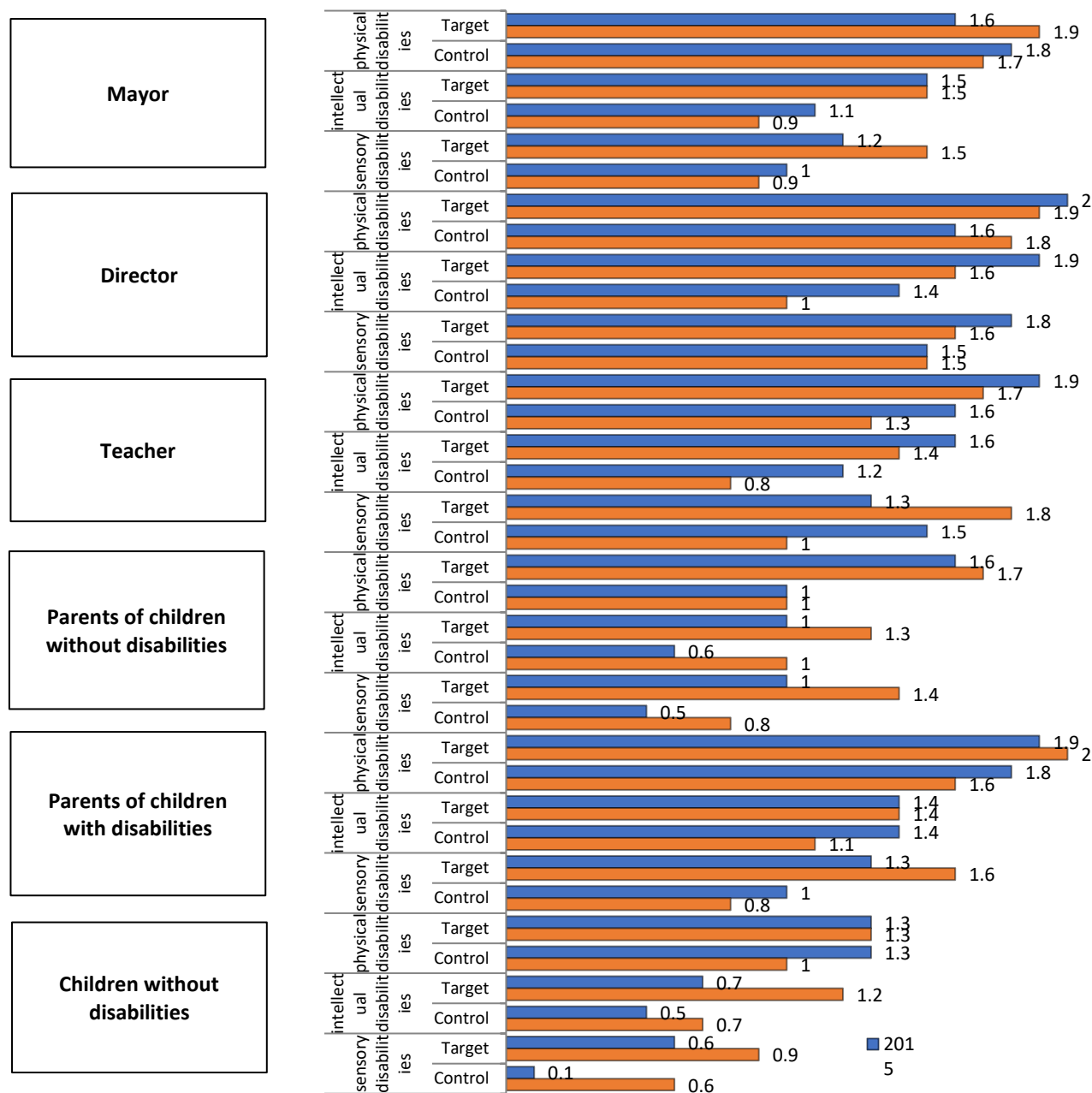
“I do not believe it is necessary to segregate these children from normal children because they feel better there; they should go to school; they cannot be blamed for being who they are.” “Our relatives have children with disabilities; the girl’s hearing is impaired; now she has got a hearing aid and can hear while using it. She used to go to preschool and to primary school (forms 1-4) for deaf and mute children in Chisinau; in form 5 she started going to a mainstream school; the situation has improved very much; she has become more interested to hear things, to reach out to other persons surrounding her, not to stay behind; she started speaking better; the changes are actually pronounced; it is very well when such children are integrated with normal children.” (DFG of the parents who have no children with disabilities)

Participants in the study were asked to express their agreement / disagreement on the statement: "Children with disabilities can be placed in an educational institution alongside other children" on a scale of -2 to +2, where -2 = total disagreement, +2 = total agreement. Thus, all respondent groups showed openness to inclusive education

(Figure 18). According to statements, the most open are school directors, and children without disabilities and parents continue to be more reluctant.

Dynamic measurements show an increase in openness on behalf of parents with children with disabilities and those with children without disabilities, as well as some reticence from teachers, especially with regard to children with intellectual and sensory disabilities. Generally speaking, the latter two groups of children have a more pessimistic trend on behalf of all categories of respondents.

Figure 18. To what extent would you agree with the statement: "Children with disabilities may be enrolled in an educational institution together with all other children"?



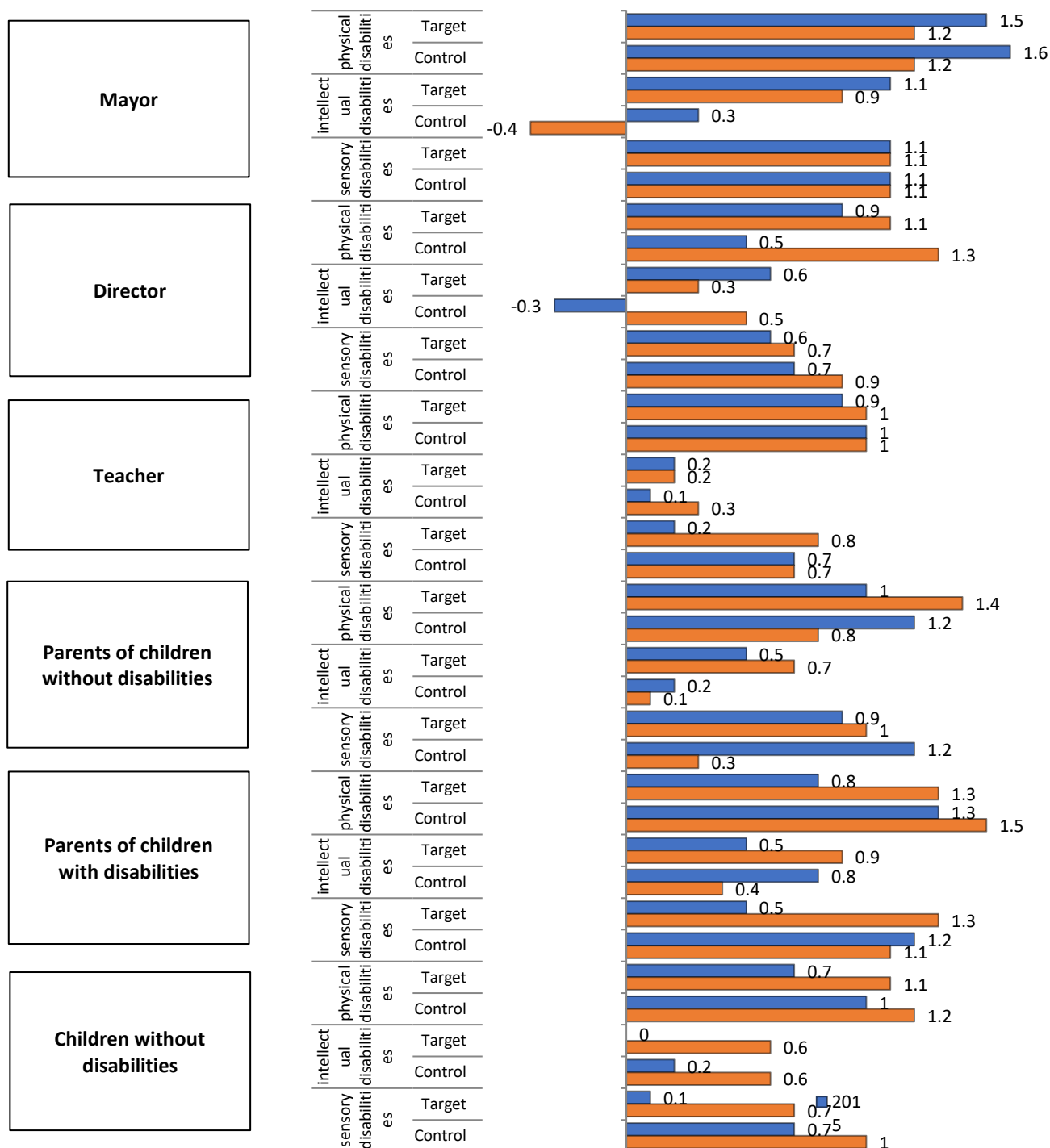
* Source – „Questionnaire - Mayor / School director/ Teacher/ Parent of children without disabilities/Parent of children with disabilities/ Children without disabilities”

Participants in the study were asked to evaluate the potential of children with disabilities compared to the potential of children without disabilities (Figure 19). The assessments were carried out on a scale of -2 to +2, where -2 = total disagreement and +2 = total agreement for the statement "Children with disabilities have the same potential as children without disabilities." As a rule, the respondents have a partial agreement on this statement. However, the highest values were expressed in relation to the potential of children with physical disabilities, followed by the

potential of children with sensory disabilities. In relation to children with intellectual disabilities, most respondents believe that the potential of these children is not the same as for children without intellectual disability.

However, the dynamic analysis shows an increase in the average value of the agreement with the aforementioned assertion among parents and children in the target communities, which can be explained by the impact of the information campaign carried out in these localities.

Figure 19. To what extent would you agree with the statement: "Children with disabilities have the same potential as children without disabilities"?

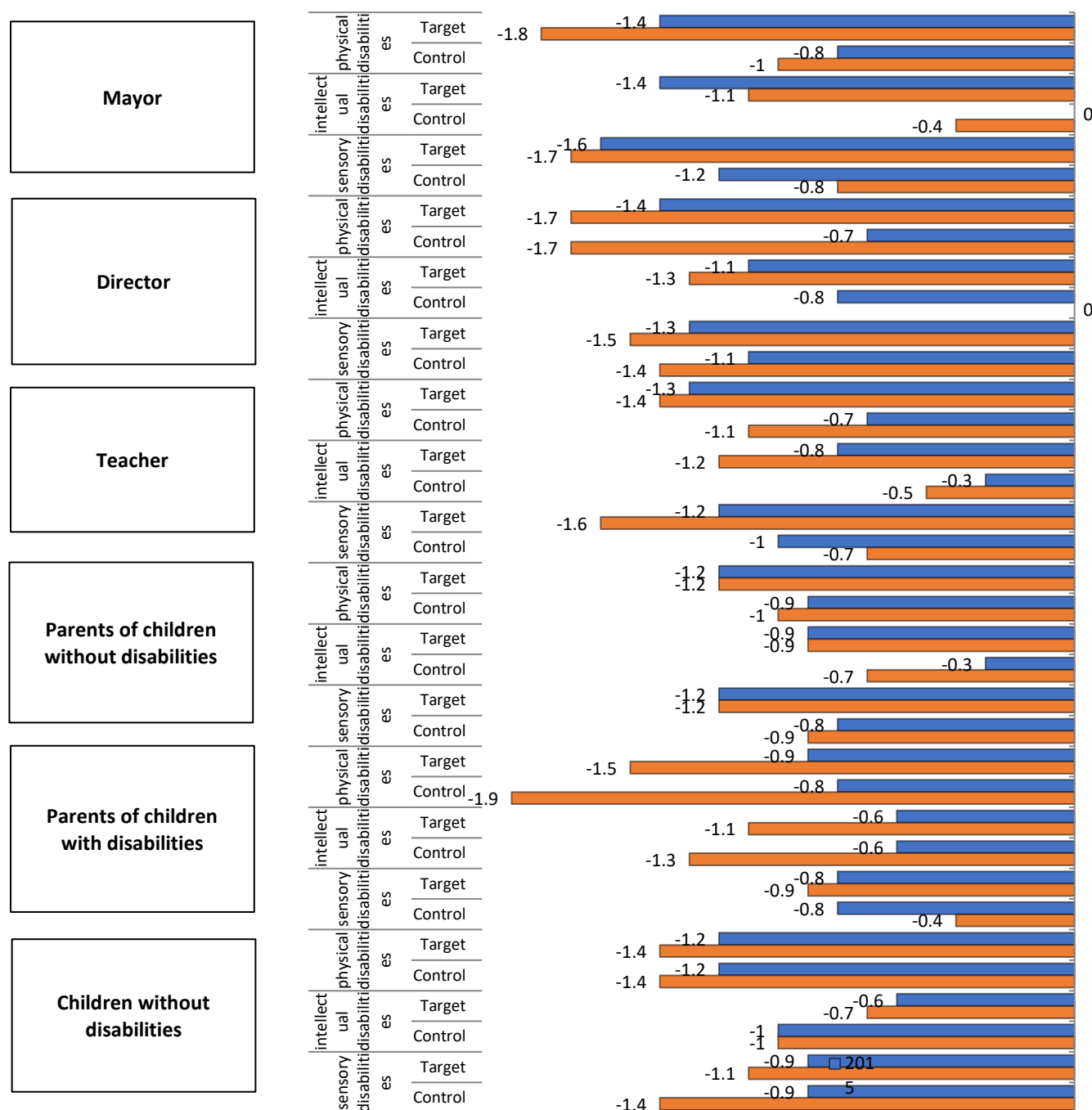


* Source – „Questionnaire - Mayor / School director/ Teacher/ Parent of children without disabilities/Parent of children with disabilities/ Children without disabilities”

Most respondents have a strong disagreement with the statement that "children with disabilities pose a risk to the health of other children" or "negatively affects pupils relationships".

Respondents do not generally agree that the presence in the classroom of children with disabilities would affect the academic success of other children - Figure 20. Disagreement is greater for respondents in target communities compared to control communities and significantly increased compared to 2015. However, disagreement is less firm with reference to children with intellectual disabilities, especially on behalf of parents with children without disabilities and their children.

Figure 20. To what extent would you agree with the statement: "Children with disabilities negatively affect relations between pupils"?



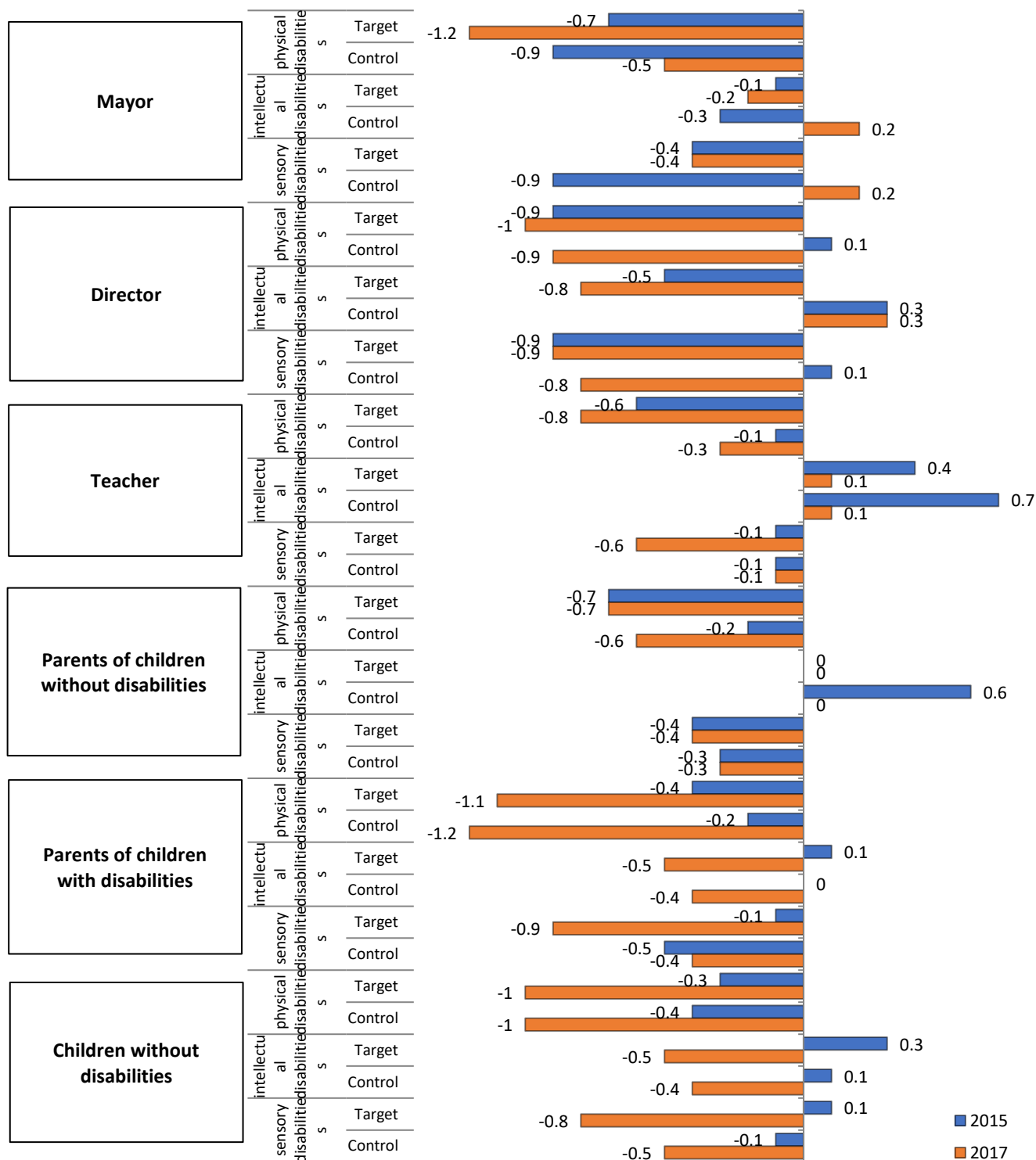
*Sursa – Source – „Questionnaire - Mayor / School director/ Teacher/ Parent of children without disabilities/Parent of children with disabilities/ Children without disabilities”

The assessment of perceptions related to the influence of children with disabilities on the educational process demonstrates significant variations of opinions depending on the type of disability they refer to. Thus, if respondents state that persons with physical and sensory disabilities do not endanger the educational process, then the respondents with reference to persons with intellectual disabilities (predominantly teachers and parents

who do not have children with disabilities) are more likely to say the opposite - Figure 21. However, compared to 2015, the degree of reluctance has fallen across all categories of respondents, but not in control communities.

"They disrupt lessons. For example, there is one in the same class with my boy, in form 6. He may start mewling or barking during a lesson. Immediately 30 children go into a laughing fit and the teacher has to calm them down instead of proceeding with the explanation of new material." (DFG of the parents who have no children with disabilities)

Figura 21. To what extent would you agree with the statement: "Children with disabilities hinder the educational process"?



Source – „Questionnaire - Mayor / School director/ Teacher/ Parent of children without disabilities/Parent of children with disabilities/ Children without disabilities”

The results of the research show that respondents' perceptions regarding the educational level to which children with disabilities can be enrolled continue to vary according to the type of disability (Figure 22 and Figure 23). Each category of respondents considers that persons with physical disabilities followed by persons with sensory disabilities have the highest chances of access to higher education. The most frequently expressed opinion of respondents in relation to intellectual disability is that persons with intellectual disabilities can be enrolled maximum in gymnasium cycle.

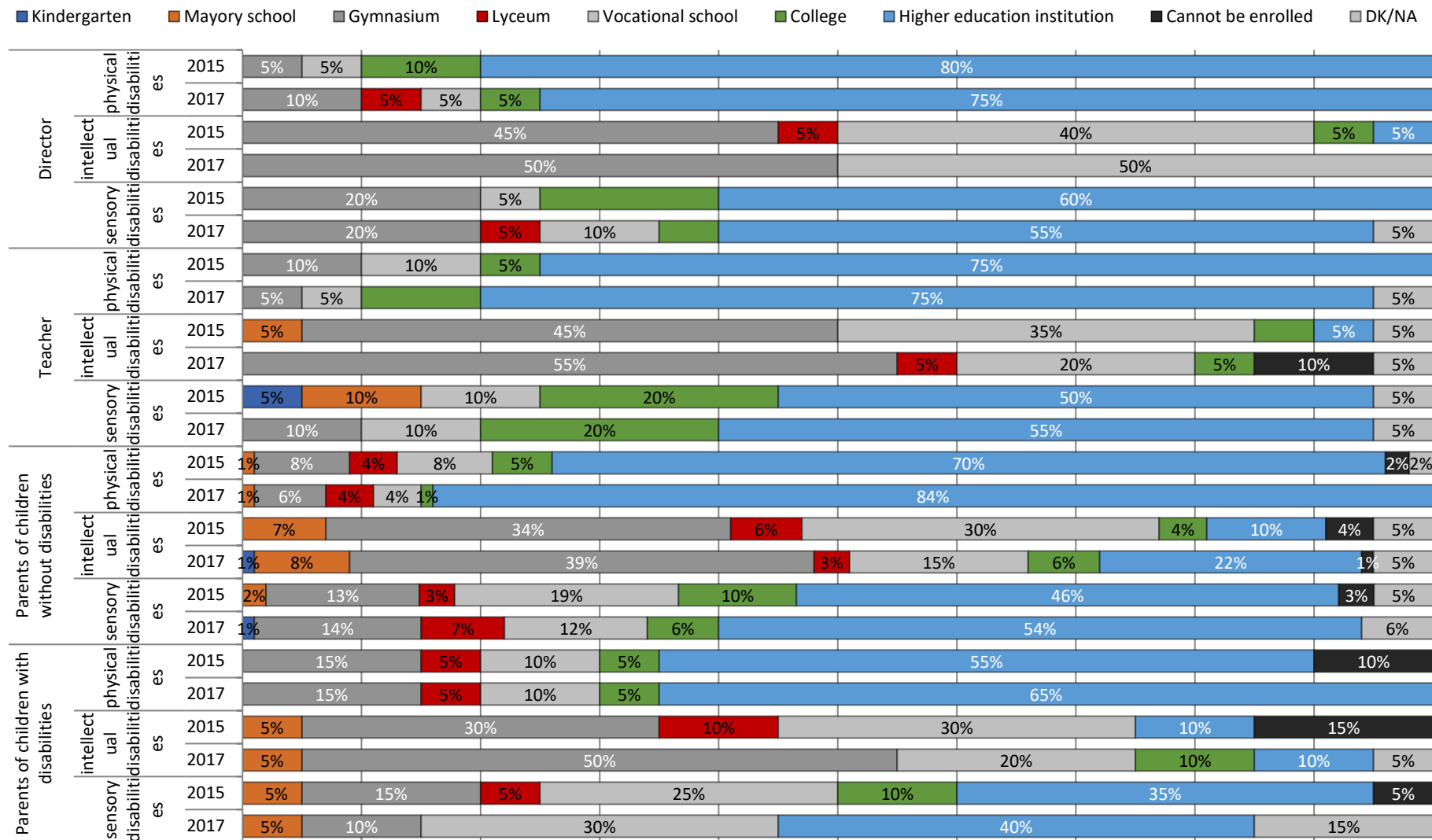
This conviction has been even highlighted in the target communities, especially being shared by teachers and parents with children with disabilities, despite the awareness campaign and training held in these communities. Moreover, each of the tenth teaching staff considers that these children can not be enrolled in general schools.

"My daughter has been staying at home after form 9 because I am afraid to let her continue her schooling. They called me from Stefan Voda region where a vocational school was opened for children with disabilities. They are trained there to be a cook assistant or a waiter. I went there to see what conditions they can offer, but all their stoves are gas stoves. She is afraid of gas stoves because she fears any kind of fire and is not able to cook a meal." (DFG of the parents who have children with disabilities)

"We have other problems. For example, he wets his bed at night and I do not want even to try and imagine how it will be if he has to live independently in a hostel for students."

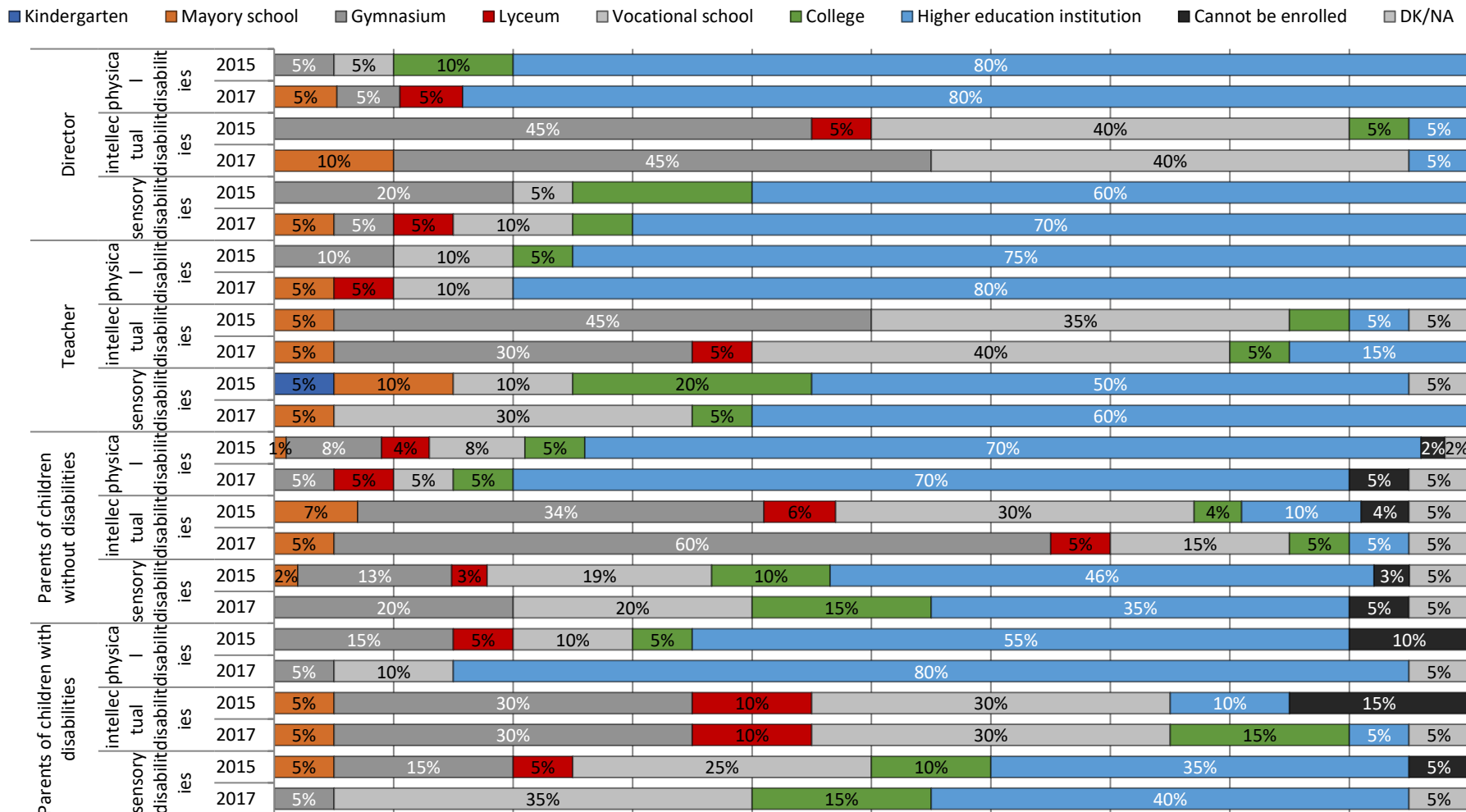
"My girl's problem is that she does not understand a thing about money; no matter how many times I tried to explain it to her, she does not understand the value of money." (DFG of the parents who have children with disabilities)

Figure 22. In your opinion, up to what level of education can children with disabilities be enrolled? – Target



*Sursa – „Source – „Questionnaire - School director/ Teacher/ Parent of children without disabilities/Parent of children with disabilities/ Children with disabilities”

Figure 23. In your opinion, up to what level of education can children with disabilities be enrolled? – Target

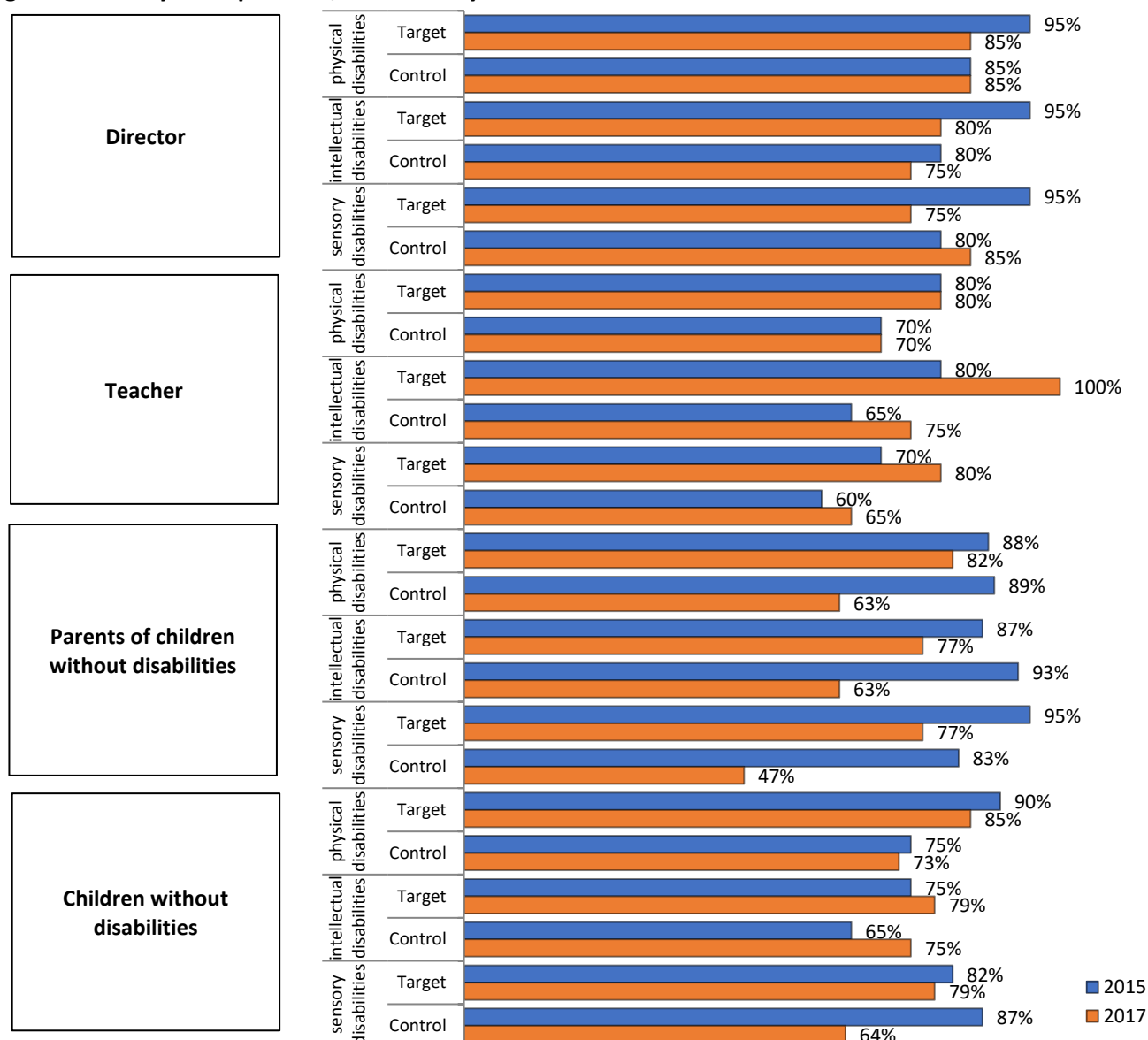


*Sursa – „Source – „Questionnaire - School director/ Teacher/ Parent of children without disabilities/Parent of children with disabilities/ Children with disabilities”

Based on the knowledge and experiences of communication and contact with children with disabilities, the vast majority of respondents generally characterize them as, being ready to help when they are asked, as other children do (Figure 24) and sociable persons. As in previous cases, the same category of respondents accumulates higher weights in target communities (compared to control communities), and in characterizing children with physical and sensory impairments (compared with intellectual deficiencies). The dynamic analysis of the measurements highlights the fact that the share of respondents who consider children with disabilities similar to the other children is still decreasing even in the target communities.

In the family, both children with disabilities and those without disabilities communicate most often with their parents, followed by their siblings. Apart from the family, children with disabilities almost communicate and play with friends and children in the slum, except for neighbors and other children with disabilities. At the same time, children with disabilities communicate and play more with their friends, quite a bit with the children in the slum or neighbors, and virtually do not play with children with disabilities.

Figure 24. From your experience, how would you characterize children with disabilities...? – Just like other children



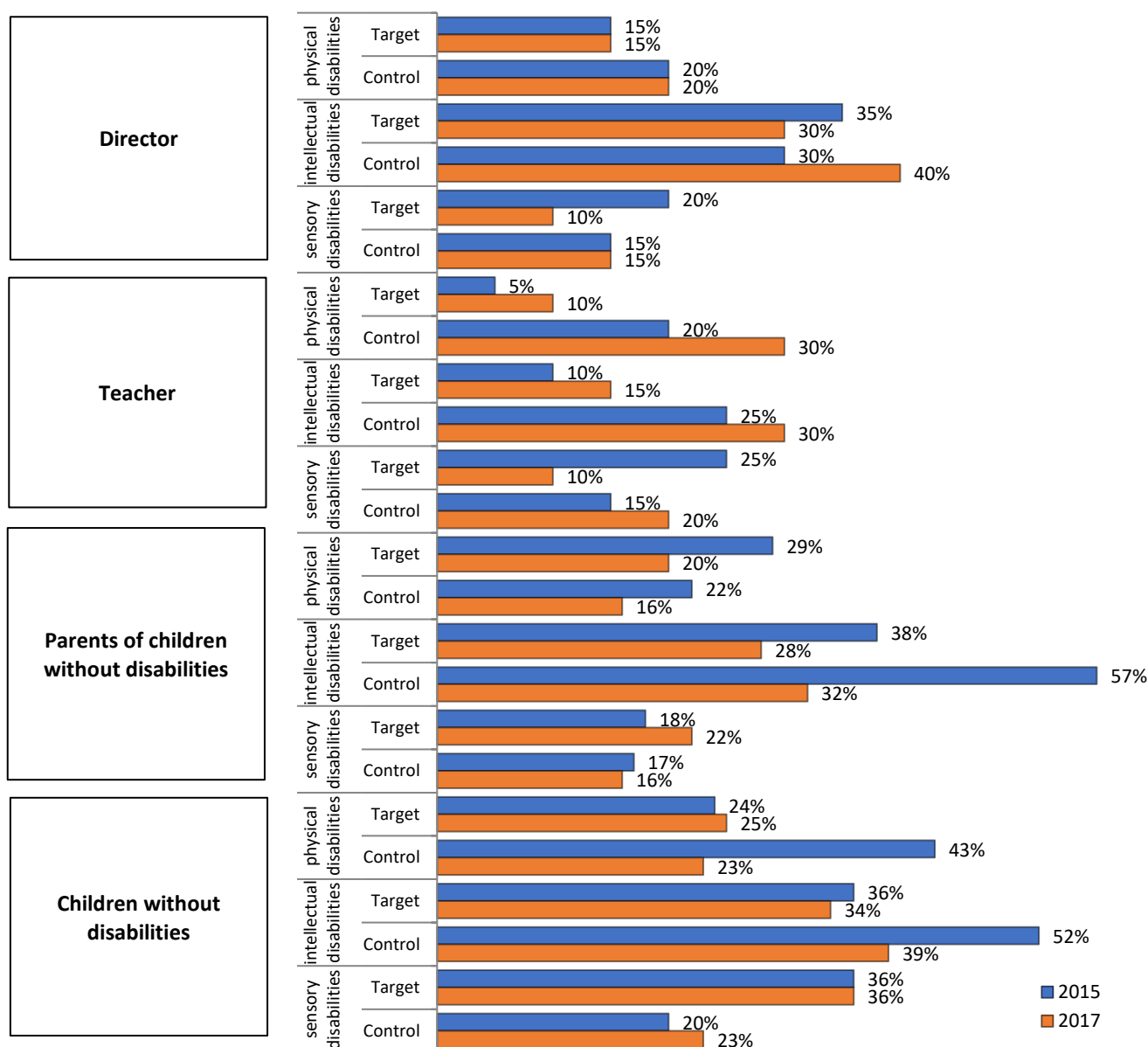
* Source – „Questionnaire - School director/ Teacher/ Parent of children without disabilities/ Children without disabilities”

As for the network of friends, most respondents of different categories disagree with the fact that people with disabilities are without friends (Figure 25). However, based on a deeper analysis we can deduce some trends:

- The perception of friendship relationships for children with disabilities varies greatly depending on the type of child's disability. Thus, the perception of the respondents is that the issue of friendship relations is greater in the case of children with intellectual disabilities.
- Parents of children without disabilities and children without disabilities in a higher proportion than social actors believe that children with disabilities have no friends. Probably these variations would be explained by the fact that social actors are more likely to offer social-desirable responses.
- In target communities, this negative perception of children with disabilities tends to decrease.

The answers given by children with disabilities questioned to some extent invalidate the problem of lack of friends. Thus, about 70% of children with disabilities surveyed in both target and control localities claim that they have at least 3 friends and only 5% claim they have none.

Figure 25. From your experience, how would you characterize children with disabilities? - Introvert, without friends

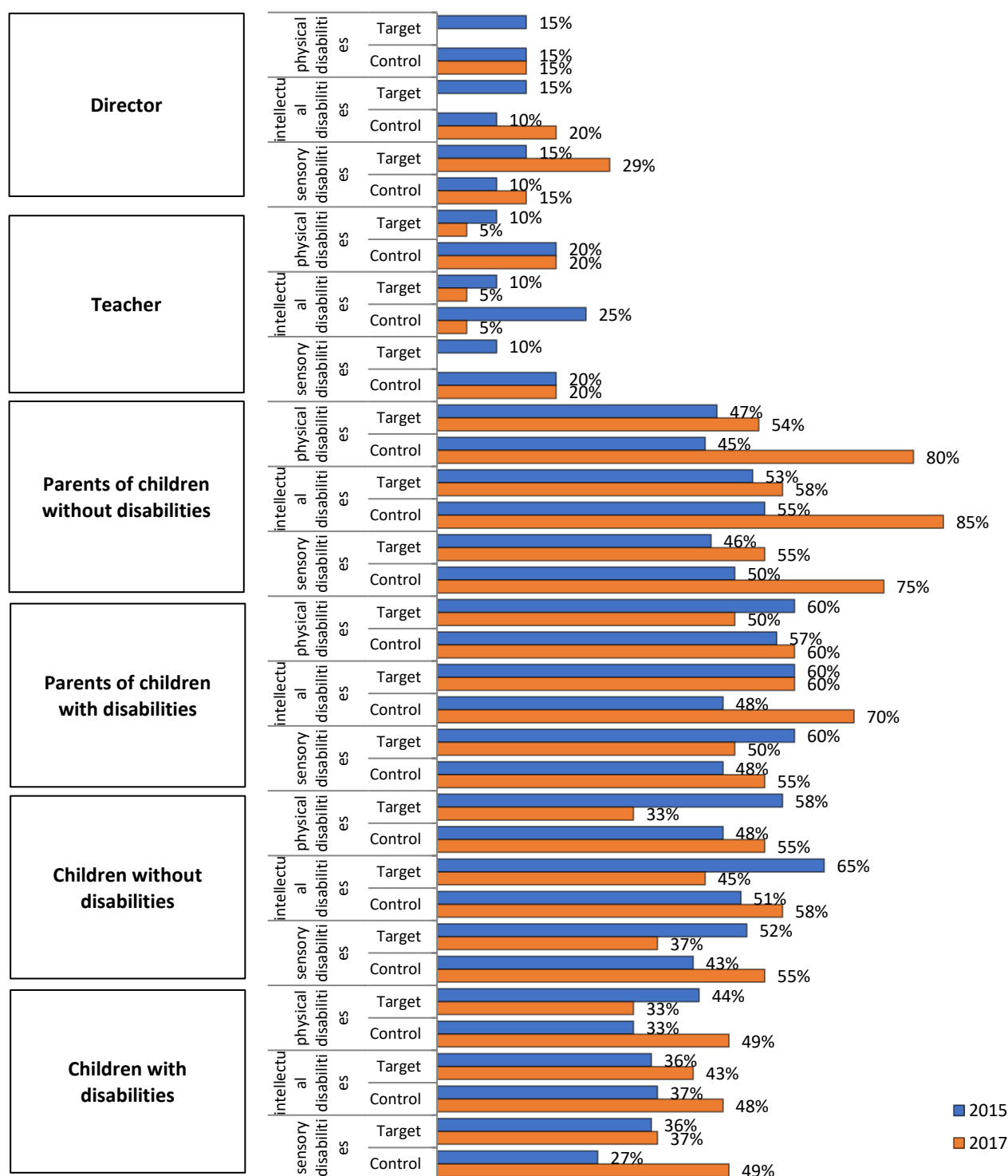


* Source – „Questionnaire - School director/ Teacher/ Parent of children without disabilities/ Children without disabilities”

Despite the positive attributes attributed to children with disabilities, many respondents consider them marginalized and discriminated against by other children - Figure 26. These opinions are most often expressed by the parents of children with disabilities, but also by the children without disabilities and their parents. This

persuasion persists and is even more significant in communities of control. School directors and teachers have rarely noticed marginalization and discrimination.

Figure 26. Which of the following characteristics can be attributed to children with disabilities ...? - Children are discriminated/marginalized



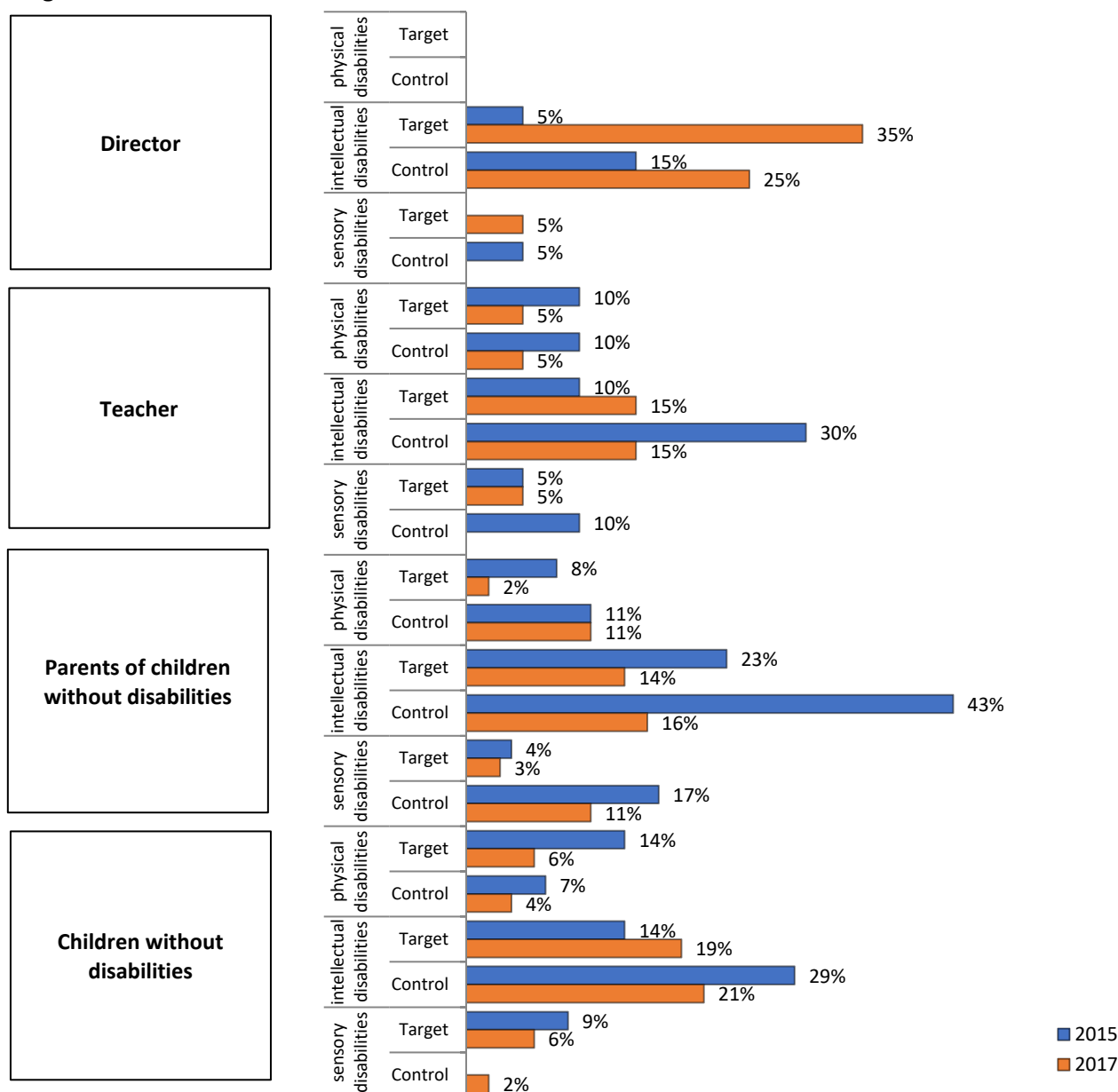
* Source – „Questionnaire - School director/ Teacher/ Parent of children with disabilities/ Children with disabilities / Parent of children without disabilities/ Children without disabilities”

“The child is isolated from other children; they laugh at him; they think he is strange and that is why they reject him. Well, I do not know ... maybe they are afraid because they do not know what to expect of him. He goes to school every day and is hardly ever absent. His parents do not come to school. They say his parents came to school once when he was in the second form and once in the fifth form when they brought

him to secondary school – to see what teacher would teach him – and that was all.” (DFG 2 = the parents who have no children with disabilities)

From the respondents' experience, children with disabilities are not aggressive and do not pose a threat to other children. This is the way the majority of surveyed participants think about (Figure 27).

Figure 27. From your experience, how would you characterize children with disabilities? - Aggressive and dangerous for other children



* Source – „Questionnaire - School director/ Teacher/ Parent of children without disabilities/ Children without disabilities”

At the same time, intellectual disability is to a greater extent than physical and sensory impairments associated with aggression (in the responses of those who characterize children with disabilities as aggressive). This opinion is predominantly expressed by the respondents in the control communities, however there has been registered a significant increase in school directors in the target communities having this conviction. According to FGD participants, children with aggressive behaviors should be trained in special institutions.

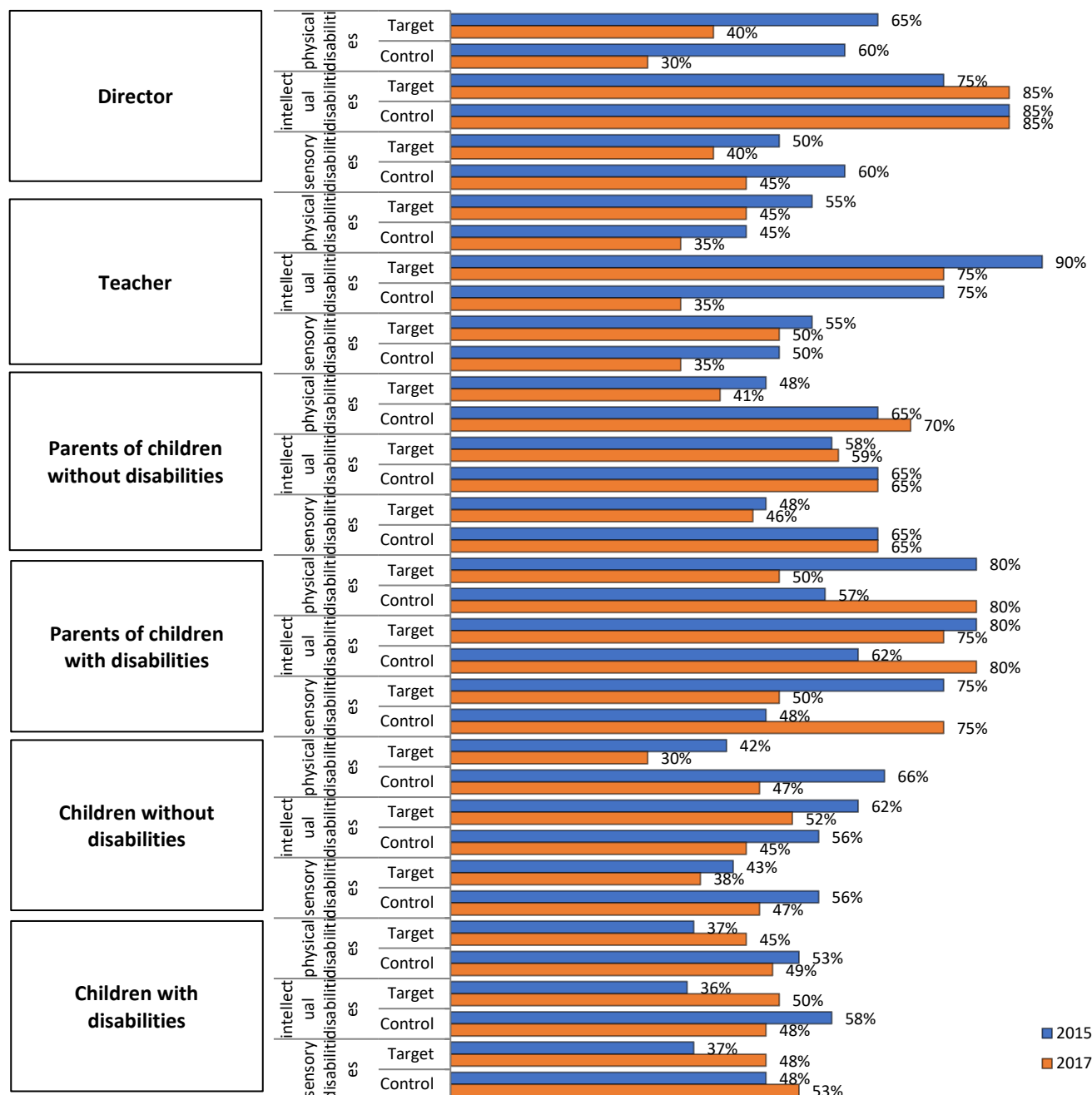
“The boy is violent, he pulls older girls by the hair and other children by their clothes, throws stones. We even have problems with police now.” “Those who are very aggressive should be taken to a special boarding school with a special regime because an attempt to integrate them in normal school can be a threat to all others at

school; such children can injure themselves and those around them. If they do not like something, they will even throw things at a teacher." (DFG 2 = the parents who have no children with disabilities)

At the same time, survey data show that respondents in their quasi-totality consider that children with disabilities (regardless of type of deficiency) need help from society, given that they have serious health problems.

Much of the survey participants (predominantly teachers, school directors, and parents with children with disabilities) are convinced that children with disabilities have undeveloped potential, especially those with intellectual disabilities (Figure 28). This perception is more pronounced in the target than in control communities.

Figure 28. Which of the following characteristics can be attributed to children with disabilities...? - They are children with undeveloped potential



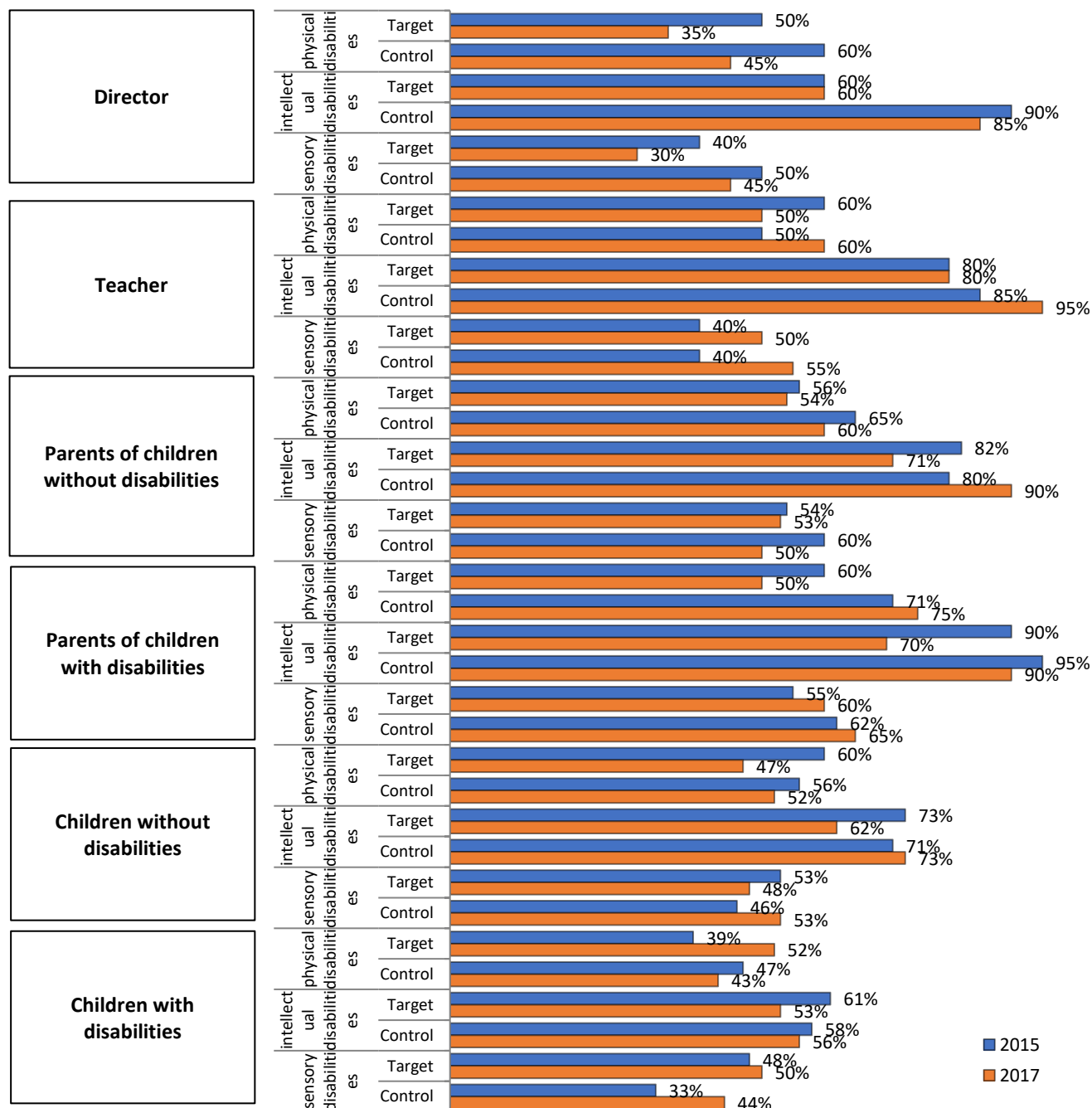
* Source – „Questionnaire - School director/ Teacher/ Parent of children with disabilities/ Children with disabilities / Parent of children without disabilities/ Children without disabilities”

Generally, physical disability and sensory disability are not associated with underdeveloped intellect. „Now he finished the fourth grade and held both exams on grade 10. Practically he went with the school curriculum with all

of his colleagues" DFG, parents with children without disabilities. At the same time, children with intellectual disabilities are perceived as having an underdeveloped intellect by the vast majority of respondents.

In addition, the vast majority of subjects attribute to children with intellectual disabilities the characteristic of *children with unstable emotional state*. This characteristic is attributed to the other two categories of deficiencies. The share of subjects with this attitude is lower, but at least one-third of survey participants believe that children with physical or sensory disabilities have emotional instability problems.

Figure 29. Which of the following characteristics can be attributed to children with disabilities? - They are children with unstable emotional state



* Source – „Questionnaire - School director/ Teacher/ Parent of children with disabilities/ Children with disabilities / Parent of children without disabilities/ Children without disabilities”

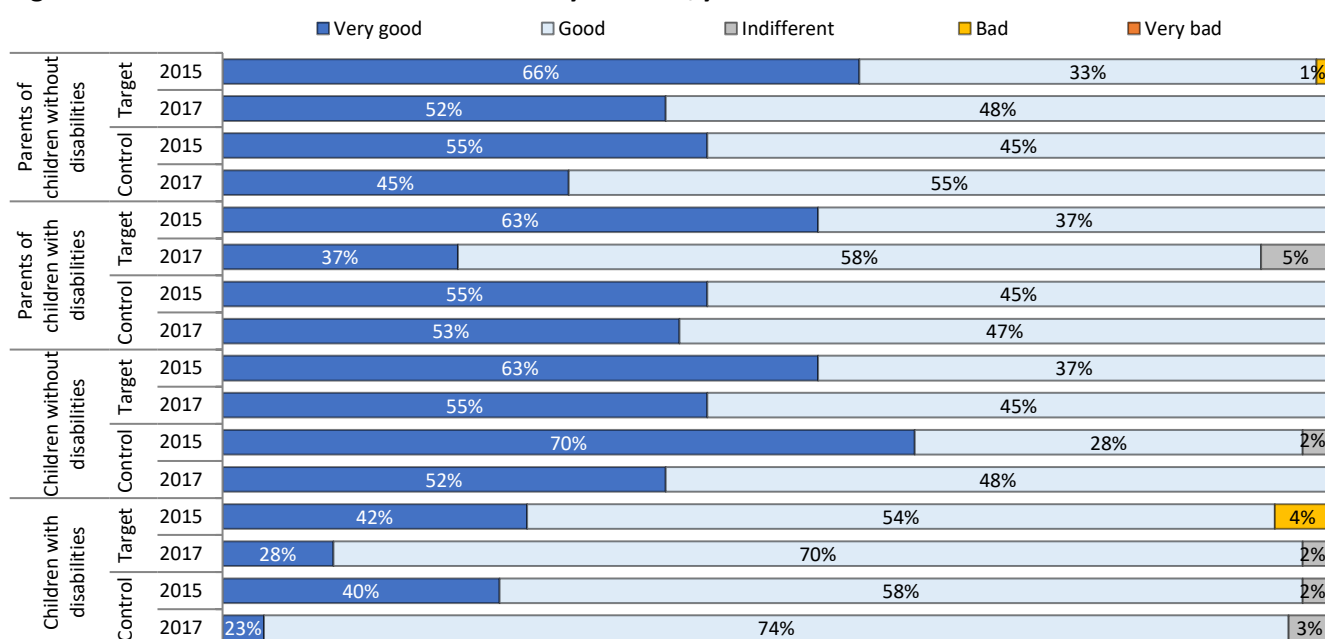
Per total, however, we find that negative perceptions about children with disabilities are declining in target communities. The comparative analysis of opinions by group of respondents shows that respondents in the control group have lower "expectations" in relation to people with disabilities (regardless of their type) than respondents in the target group.

The degree of interaction/relationship and support of children with disabilities in school/community

The success of school integration of children with disabilities is largely determined by the degree of interaction with those around them and the support provided in different forms. In this respect, the perceptions of parents and children about the attitudes of people directly involved in the process of school inclusion were evaluated: didactic staff, pupils and social assistants. The survey demonstrates that these actors generally manifest a positive behavior in relation to children with disabilities (Figures 30-34).

Perceptions about the attitude of the **teaching staff**. According to parents and questioned children, teachers, support personnel (teachers'assistants) and psychologists generally have a good attitude/very good attitude towards children with disabilities. However, the perception of "very good" prevails in the answers of children without disabilities, and in the perceptions of children with disabilities prevails the "good" rating when they are asked to assess the behavior of the teaching staff manifested with reference to them (Figures 30-32).

Figure 30. How does the teacher behave with your child/you?

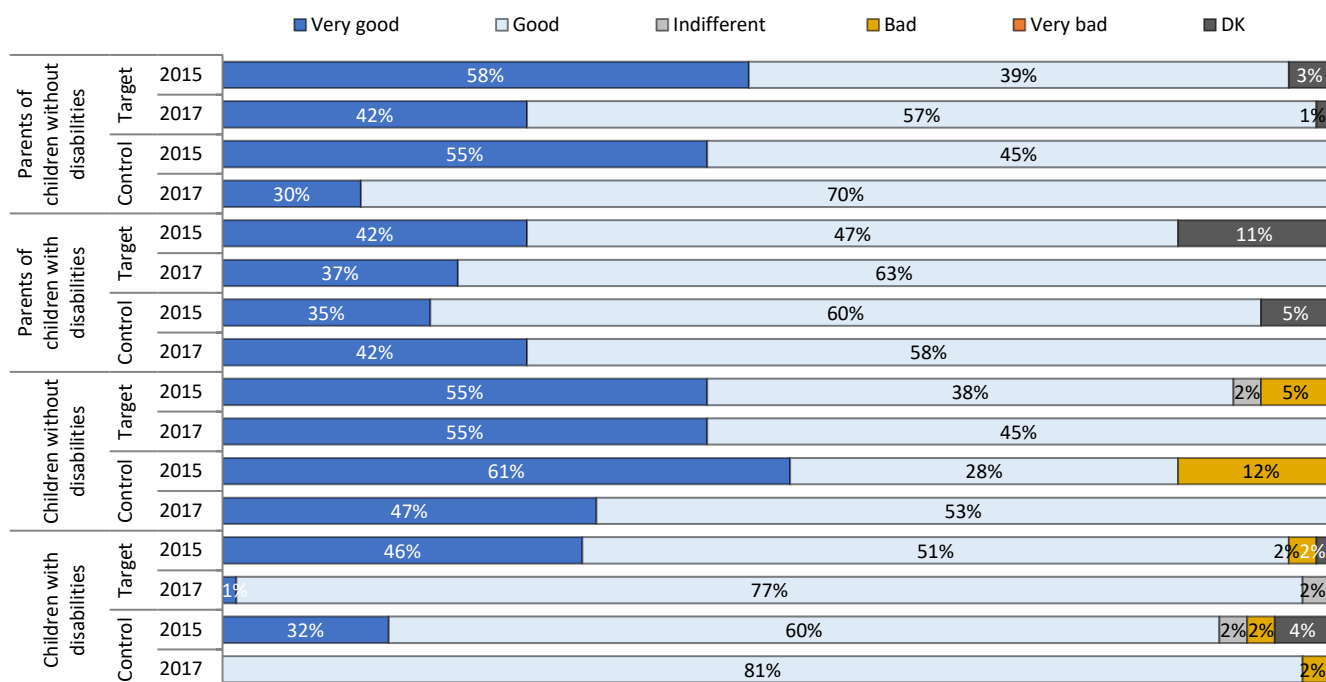


* Source – „Questionnaire - Parent of children without disabilities/ Parent of children with disabilities/ Children without disabilities / Children with disabilities”

Another general finding that results from Figures 30-32 is that the weight of the rating "very good" is slightly higher in the responses of the target group (compared to the control group).

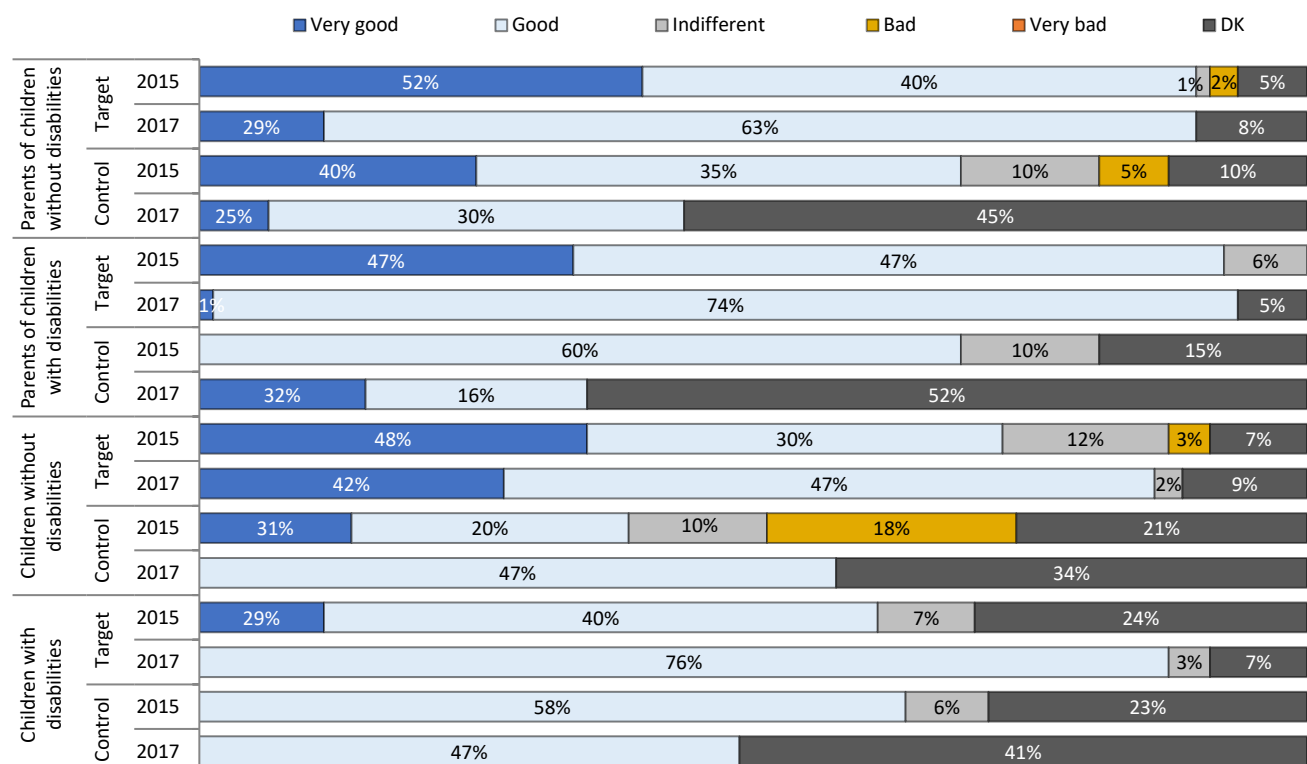
Even though the majority of respondents have positively evaluated the behavior of the psychologist towards children, the weight of positive assessments is lower than in the assessment of other teachers. At the same time, the percentage of those who could not define the relationship with the school psychologist, especially in the control communities, has significantly increased in each category of respondents, most probably because this specialist is not available.

Figure 31. How does the support teacher behave with your child/you?



* Source – „Questionnaire - Parent of children without disabilities/ Parent of children with disabilities/ Children without disabilities / Children with disabilities”

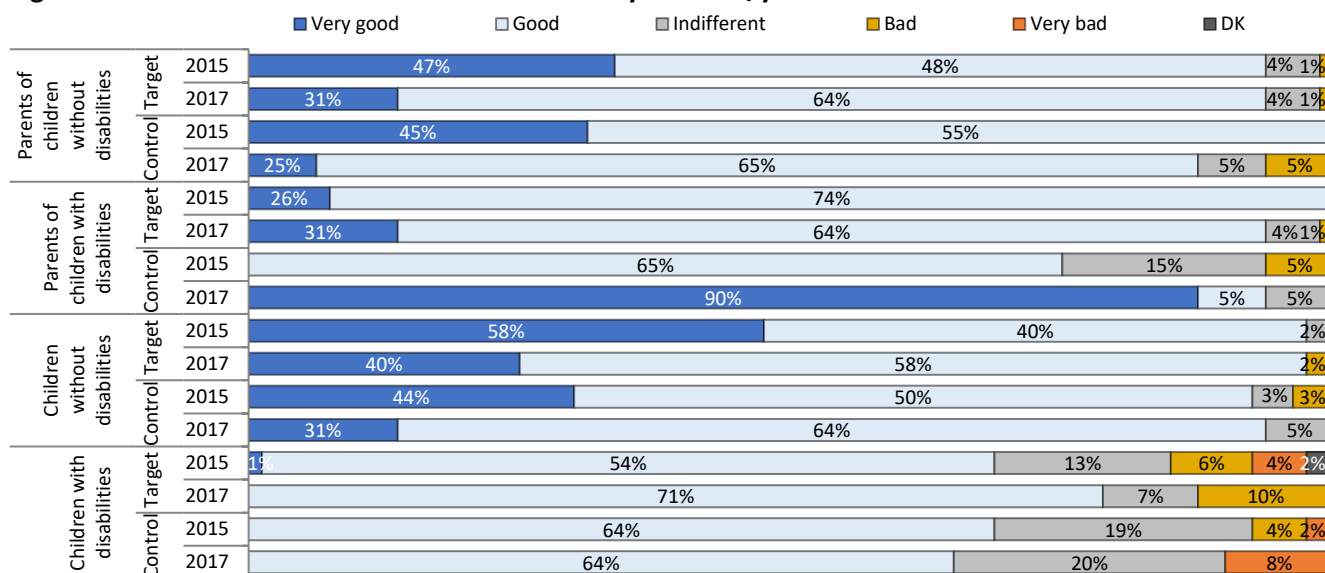
Figure 32. How does the psychologist behave with your child/you?



* Source – „Questionnaire - Parent of children without disabilities/ Parent of children with disabilities/ Children without disabilities / Children with disabilities”

Perceptions about **pupils' attitude**. Even though pupils's behavior is, generally assessed as very good/good, however, some children with disabilities have noticed indifference or negative attitude from colleagues (Figure 33). This category mainly consists of children with disabilities from control groups with children with disabilities. As in previous assessments, the weight of the rating "very good" is higher in the responses of the target group (compared to control group).

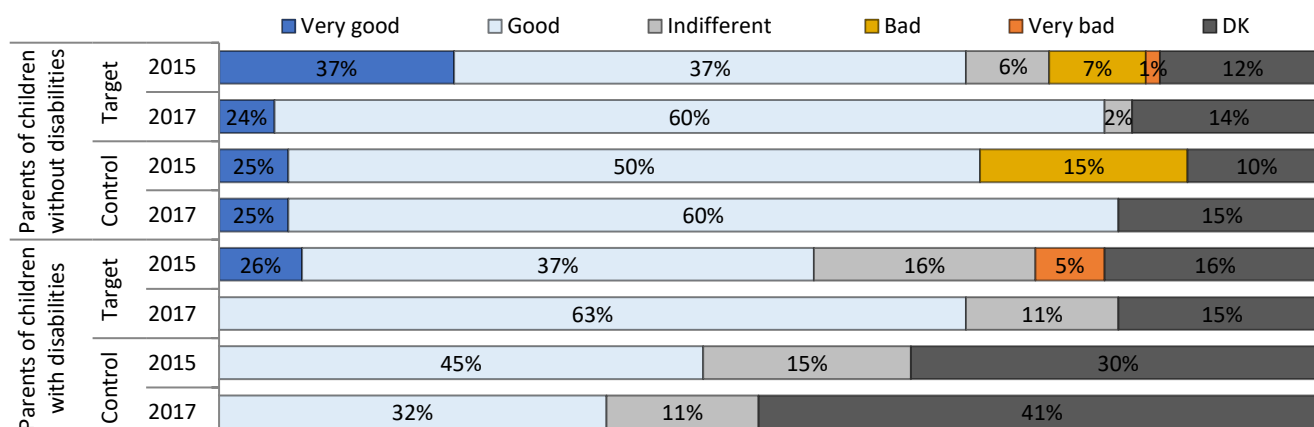
Figure 33. How do the schoolchildren behave with your child/you?



*Sursa – „Source – „Questionnaire - Parent of children without disabilities/ Parent of children with disabilities/ Children without disabilities / Children with disabilities”

Perceptions about the attitude of the **social assistant**. Also, the behavior of the social assistant has been positively assessed by the majority of parents (except for the parents of the children with disabilities in the control group, where about three did not respond in this respect) - Figure 34. The "very good" rating is rarely given in parents' responses to social assistants behavior (compared to teacher and pupils rating). For both categories of respondents (parents with children with disabilities and those with children without disabilities), there are more people in the group who appreciated the positive behavior of the social assistant (than in the control group). Indifference was more often mentioned by the parents of children with disabilities. Also, in the case of parents with children with disabilities the weight of non-responses is higher.

Figure 34. How does the social worker behave with your child?

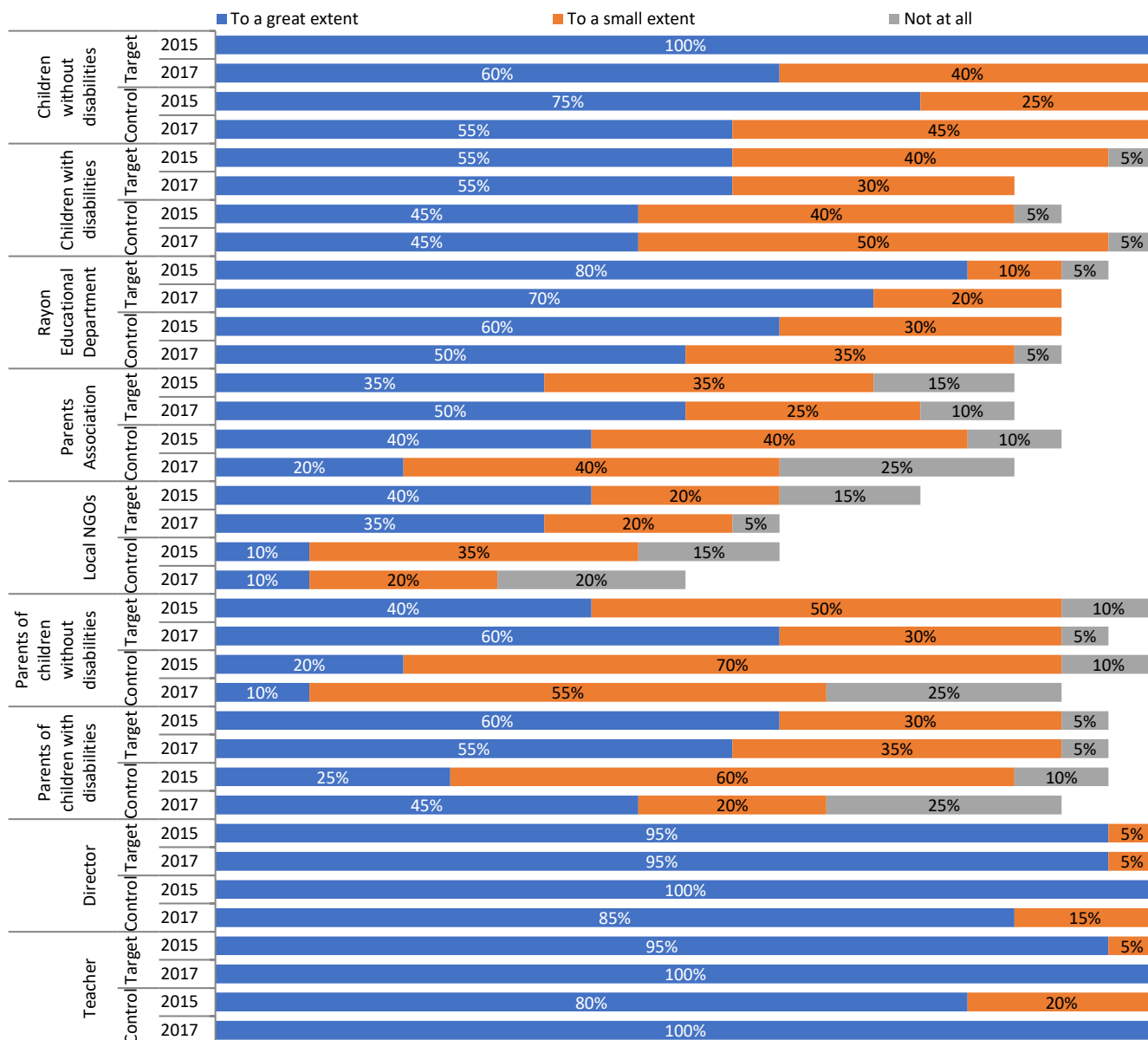


* Source – „Questionnaire - Parent of children without disabilities/ Parent of children with disabilities”

The teachers were asked to what extent raion Departments of Education, school staff, pupils, parents, local public associations help children with disabilities from the institutions they represent in the educational process. Both respondents in the target group and in the control group mentioned that the most involved are themselves or their colleagues (directors and teachers), followed by representatives of raion Education Department, but also children

without disabilities (however, decreasing as a share compared to 2015) - Figure 35. The other party (the persons involved to a small extent or those not involved at all) are the parents of children without disabilities, especially in the control localities. In target localities, on the contrary, support from parents / parents' associations increased considerably in 2017 (by about 20%).

Figure 35. To what extent are children with disabilities in your institution assisted in the educational process by...?

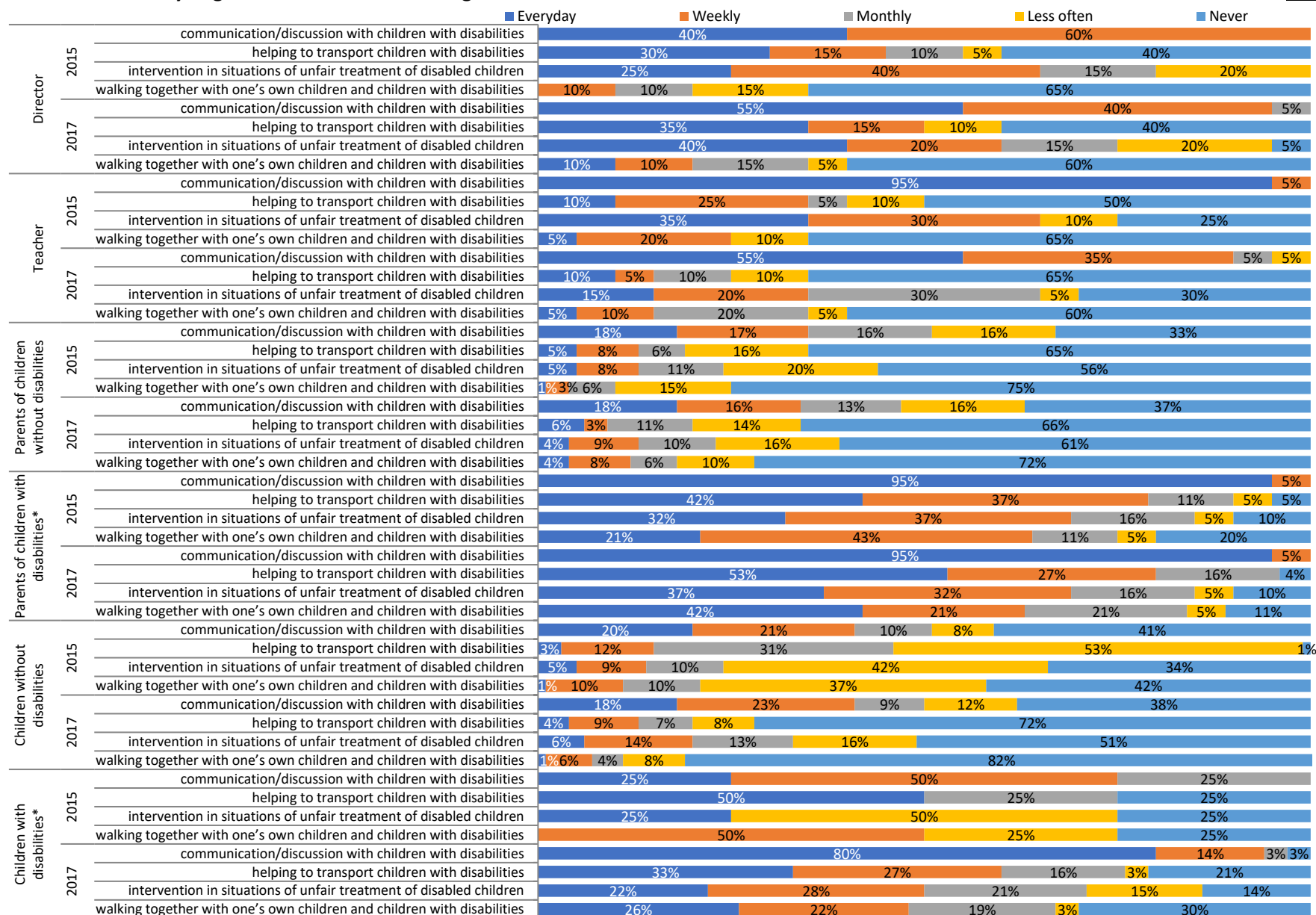


* Source – „Questionnaire –Teacher” ** Differences up to 100% account for the answers "do not know/not applicable"

The contact of the participants with the children with disabilities is made by communicating with them, providing support in transportation, intervening in situations of injustice for children with disabilities, joint walks (Figure 36). Of these, the most common way of coming into contact with children with disabilities is communicating with them. In this respect, the directors, teachers and parents of children with disabilities have shown themselves to be the most active, almost all of them saying that they discuss with children with disabilities at least 2-3 per week. The most rarely are performed common walks with children with disabilities. Except for parents with children with disabilities, rarely other participants in the study are involved in this kind of joint activity (situation valid based on the answers of both groups). Another finding from Figure 36 is that, in general there is (very) little communication between children with and without disabilities (compared to 2015 the interaction even dropped significantly), and little involvement of parents who do not have children with disabilities in activities targeting children with disabilities.

Figure 36. How often did you get involved in the following activities?

Target



*Source – „Questionnaire – School director/Teacher/ Parent of children without disabilities / Parent of children with disabilities/ Children without disabilities / Children with disabilities”

Another aspect measured based on the survey was the participation of children with disabilities in extracurricular activities carried out in the school. In this respect, there was some discordance in the answers of teachers and directors, on the one hand, and children with disabilities and their parents, on the other hand.

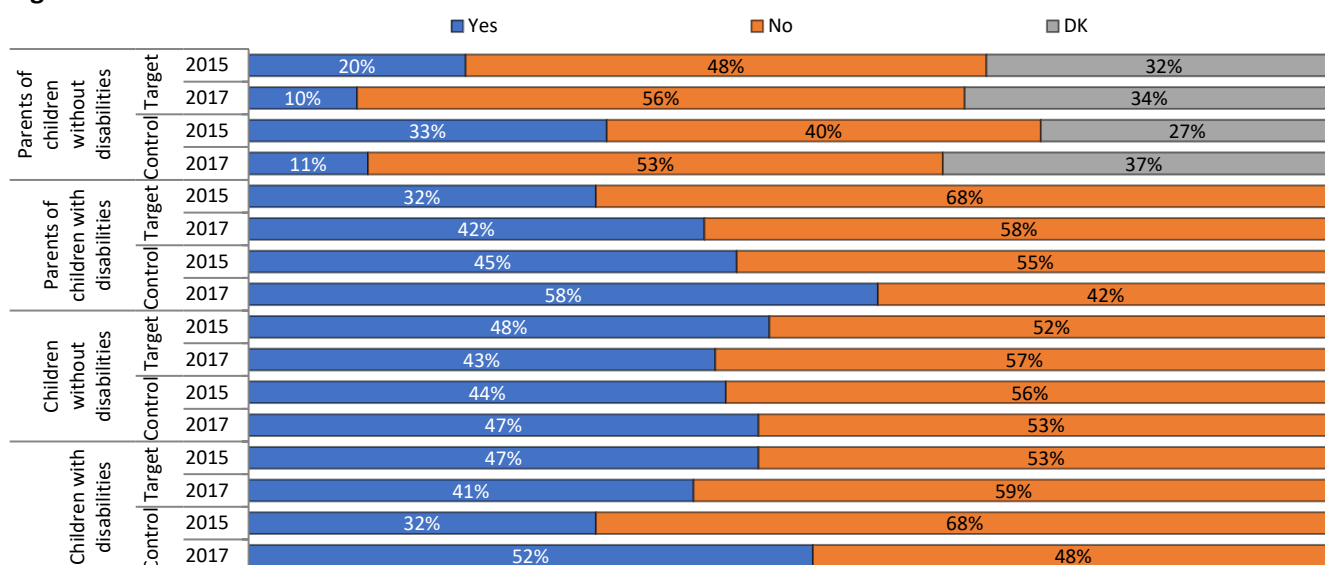
Thus, the answers of the teachers indicate that there is practically no activity in which the children with disabilities are not involved. On the other hand, children with disabilities often say they are not involved in any activity (almost 30%). The home-based children are most often not involved (no child has ever been involved in any activity).

Most teachers and directors claim that children with disabilities participate most often in competitions, cultural events based on different topics and sports competitions. Children enrolled in school and their parents confirm that they are most frequently involved in thematic cultural events and different contests (not in sports competitions), however the share of these responses is significantly lower.

Another finding is that the involvement of children with disabilities (where participation is confirmed) is higher in the target group (compared to the control group).

Children with disabilities are often treated based on injustice and/or they have a feeling of grief as a result of their treatment in the school environment (Figure 37). This is confirmed by practically every second parent with children with disabilities, and also by children with and without disabilities. Compared to the baseline survey, the share of parents with children with disabilities that invoke cases of treatment based on injustice provided to children with disabilities increased significantly, even in the target communities (by 10%), but predominates in control communities (13%). In target communities, the claims of children with disabilities contradict those of parents, the share of children experiencing a treatment based on injustice declined while in control communities it increased by 20%.

Figure 37. Were there cases of ill-treatment and abuse of children with disabilities at school?



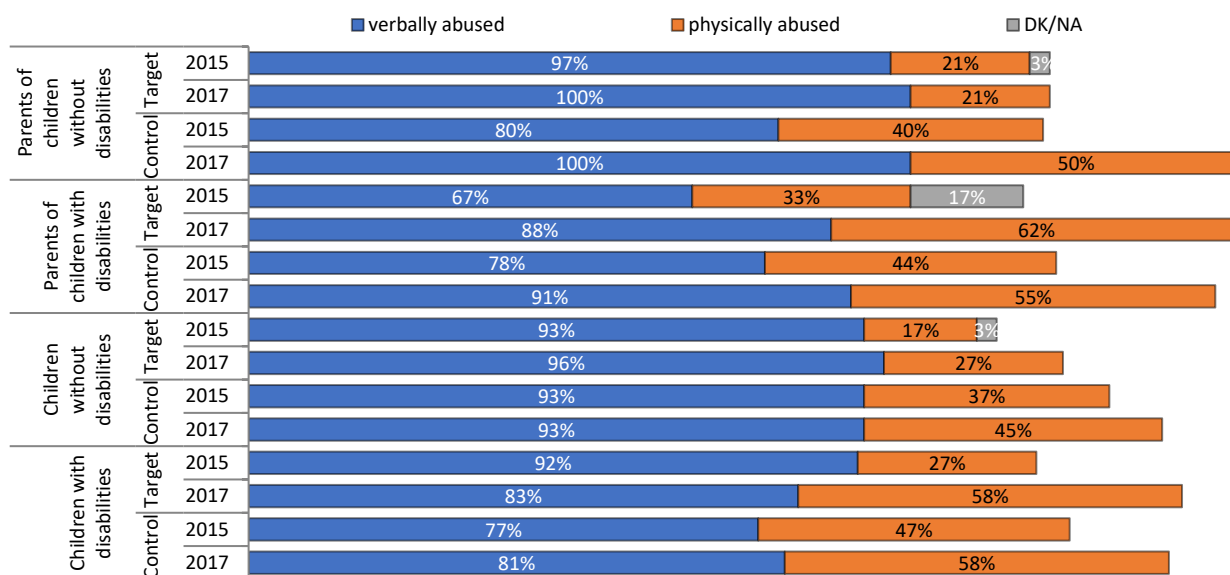
* Children with disabilities told about themselves

**Source – „Questionnaire – Parent of children without disabilities/ Children without disabilities/ Parent of children with disabilities/ Children with disabilities

With reference to the forms in which the offense occurred, both the verbal and physical one accumulated a big share in respondents' answers (Figure 38). Verbal aggression is mentioned by over 80% of respondents who have experienced cases of treatment based on injustice. Physical aggression, though rarely mentioned, is quite common in the school environment. The worst thing is that the share of children with disabilities who felt the physical aggression increased significantly since 2015 (by 30% in the target communities and 11% in the control groups, both reaching the same level). The allegations of children with disability who felt the physical aggression are in line with the statements of the other categories of respondents.

"My elder daughter is constantly being treated very ugly because she has a sick brother and some sort of this thingt" FGD2, parents with children with disabilities.

Figure 38. Were there cases of ill-treatment and abuse of children with disabilities at school (forms)?

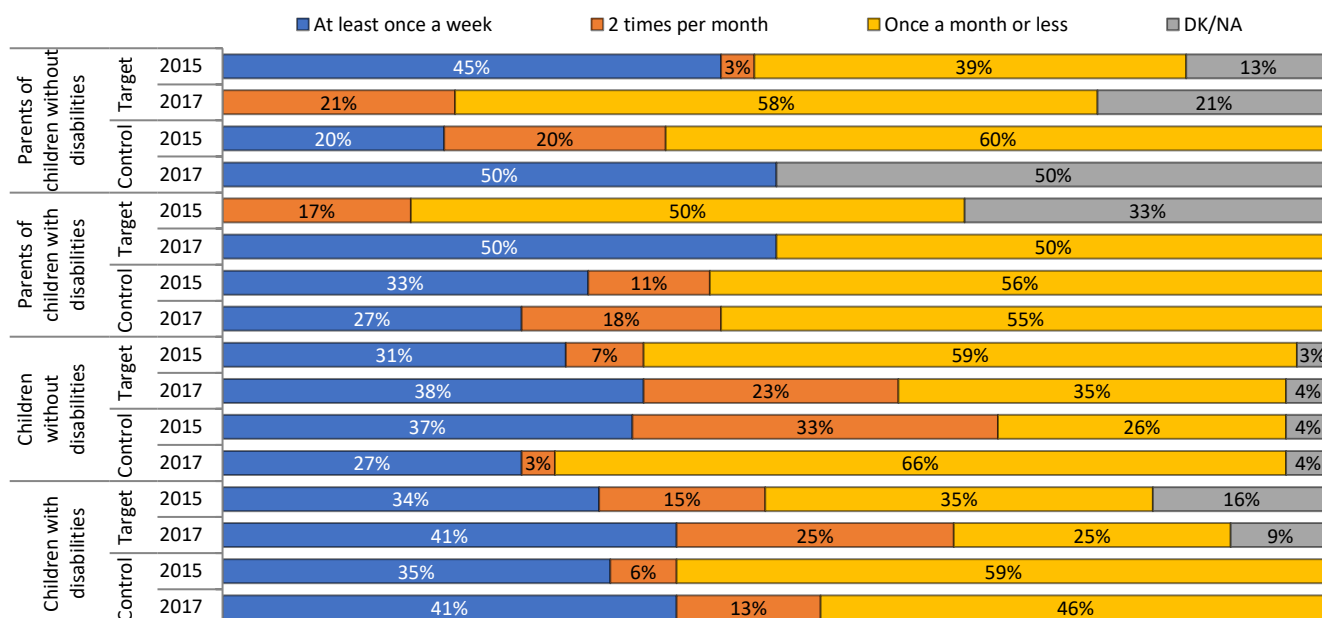


* Children with disabilities told about themselves

**Source – „Questionnaire – Parent of children without disabilities/ Children without disabilities/ Parent of children with disabilities/ Children with disabilities

The impact survey indicates not only the increase in the incidence of verbal or physical offenses, but also the increase in the frequency of these cases (Figure 39), even in the target communities. Thus, 41% of children with disabilities from both types of communities said that they have been treated based on injustice at least once a week during the last quarter, rising from 34% in 2015. This trend is also confirmed by children without disabilities and parents of children with disabilities.

Figure 39. How many times in the last 3 months were they abused?



* Children with disabilities told about themselves

**Source – „Questionnaire – Parent of children without disabilities/ Children without disabilities/ Parent of children with disabilities/ Children with disabilities

In situations of conflict, children are often supported by teachers, but also by other school pupils.

Another aspect assessed in the survey was the degree of acceptance of children with disabilities in general and by types of deficiencies by projection of the situation at the personal level of children without disabilities. The children

were asked to what extent they would like to attend school, learn in the same class, stay in the same desk, do homework, make friends, play, and accompany a child with disabilities. In this respect, we find that the dynamics of the acceptance level of children with disabilities has increased significantly over the last two years, both in the target and control communities (Table 46.1 and 46.2), exceeding the share of 70%. Acceptance rates increased on average by 13% in target communities and 14% in control communities.

Table 46.1 To what extent would you agree to ...

Target	... physical/ neuromotor disabilities		... intellectual disabilities		... sensory disabilities (hearing, vision)		Average	
	2015	2017	2015	2017	2015	2017	2015	2017
go to school with a child with...	82%	92%	60%	75%	67%	80%	69%	82%
study in the same classroom with a child with ...	80%	88%	60%	77%	68%	73%	69%	79%
sit at the same desk with a child with...	73%	85%	53%	70%	63%	75%	63%	77%
prepare homework together with a child with...	78%	85%	55%	78%	63%	78%	66%	81%
make friends with a child with disabilities...	87%	95%	60%	85%	75%	88%	74%	89%
play after lessons with a child with...	78%	92%	62%	85%	75%	87%	72%	88%
accompany in various activities outside the school a child with...	85%	90%	67%	85%	82%	88%	78%	88%

* Source – „Questionnaire – Children without disabilities”

Table 46.2 To what extent would you agree to ...

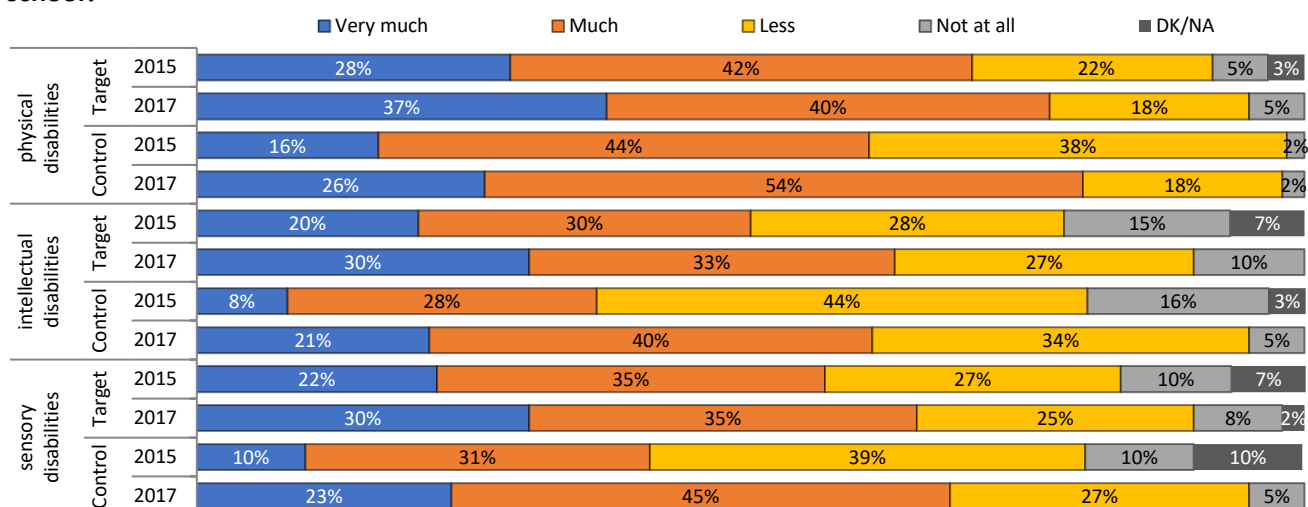
Control	... physical/ neuromotor disabilities		... intellectual disabilities		... sensory disabilities (hearing, vision)		Average	
	2015	2017	2015	2017	2015	2017	2015	2017
go to school with a child with...	93%	92%	72%	77%	69%	84%	78%	84%
study in the same classroom with a child with ...	85%	97%	69%	81%	61%	90%	72%	89%
sit at the same desk with a child with...	75%	84%	49%	61%	57%	76%	61%	74%
prepare homework together with a child with...	75%	92%	59%	81%	62%	87%	66%	87%
make friends with a child with disabilities...	90%	98%	69%	90%	80%	97%	80%	95%
play after lessons with a child with...	87%	95%	66%	89%	79%	95%	77%	93%
accompany in various activities outside the school a child with...	89%	95%	72%	90%	85%	94%	82%	93%

* Source – „Questionnaire – Children without disabilities”

In a deeper analysis, however, it can be noticed that the level of acceptance continues to vary significantly depending on the type of disability - being lower in the case of children with intellectual disabilities and the degree of interaction - significantly lower in situations of sitting in the desk with a child with disabilities, especially with intellectual disability. On the other hand, although the degree of acceptance of a child with intellectual disability in the same desk is relatively low, the percentage of children who agree to play or to be friends with a child with intellectual disability is significantly higher.

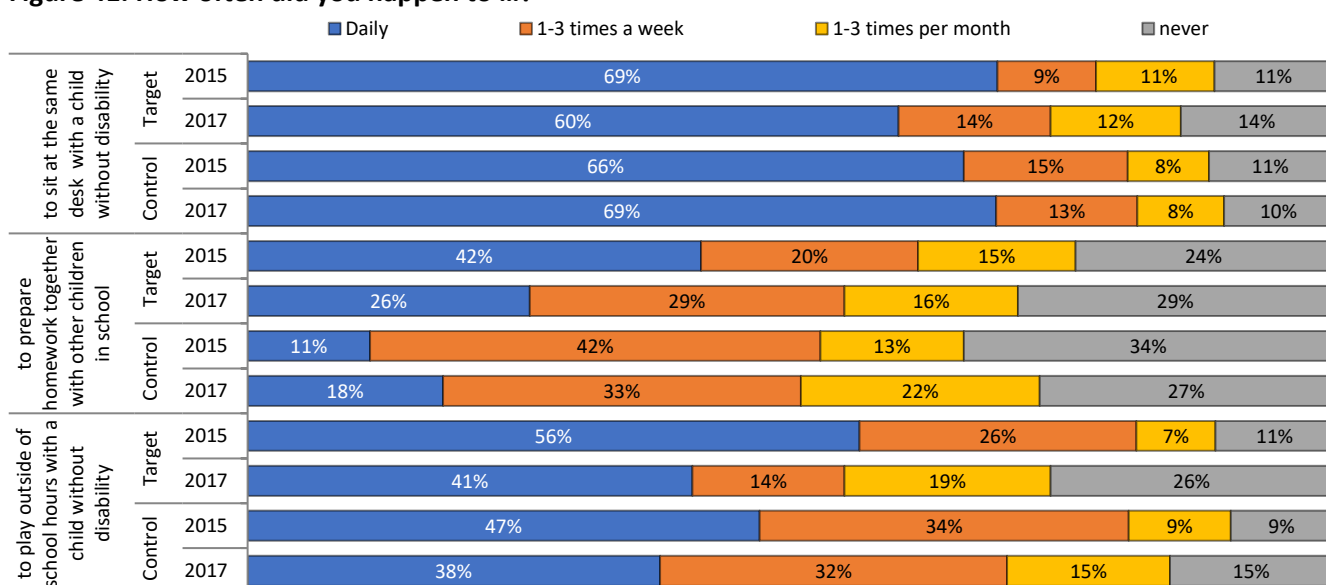
In other respects, the survey data shows that if the level of acceptance of children with disabilities by children without disabilities is very high, the situation of the relationship between children with disabilities is different – it is noted a rejection among disabled children, however it is in decrease compared to the baseline survey data (Figure 40). The degree of rejection is higher for children with intellectual and sensory disabilities. At the same time, the level of rejection is higher in control communities.

In this context, we mention that 40% of the non-disabled children surveyed (compared to a quarter in 2015) claim that they have children with disabilities in the classroom, most of them - children with intellectual disabilities.

Figure 40. How much would you like children with disabilities to study together with you in an ordinary school?


*Source – „Questionnaire – Children without disabilities”

The real life shared by children with disabilities corresponds to some extent with the level of acceptance indicated above (Figure 41). Thus, every fourth disabled child claims that he/she never did homework in common with other pupils. At the same time, the number of children with disabilities has doubled in the target communities (from 11% to 26%), who have never played after the lessons (in the period of time except the lessons hours) with a child without disabilities. And one in ten children with disabilities never stayed in the same desk with a child without disabilities.

Figure 41. How often did you happen to ...?


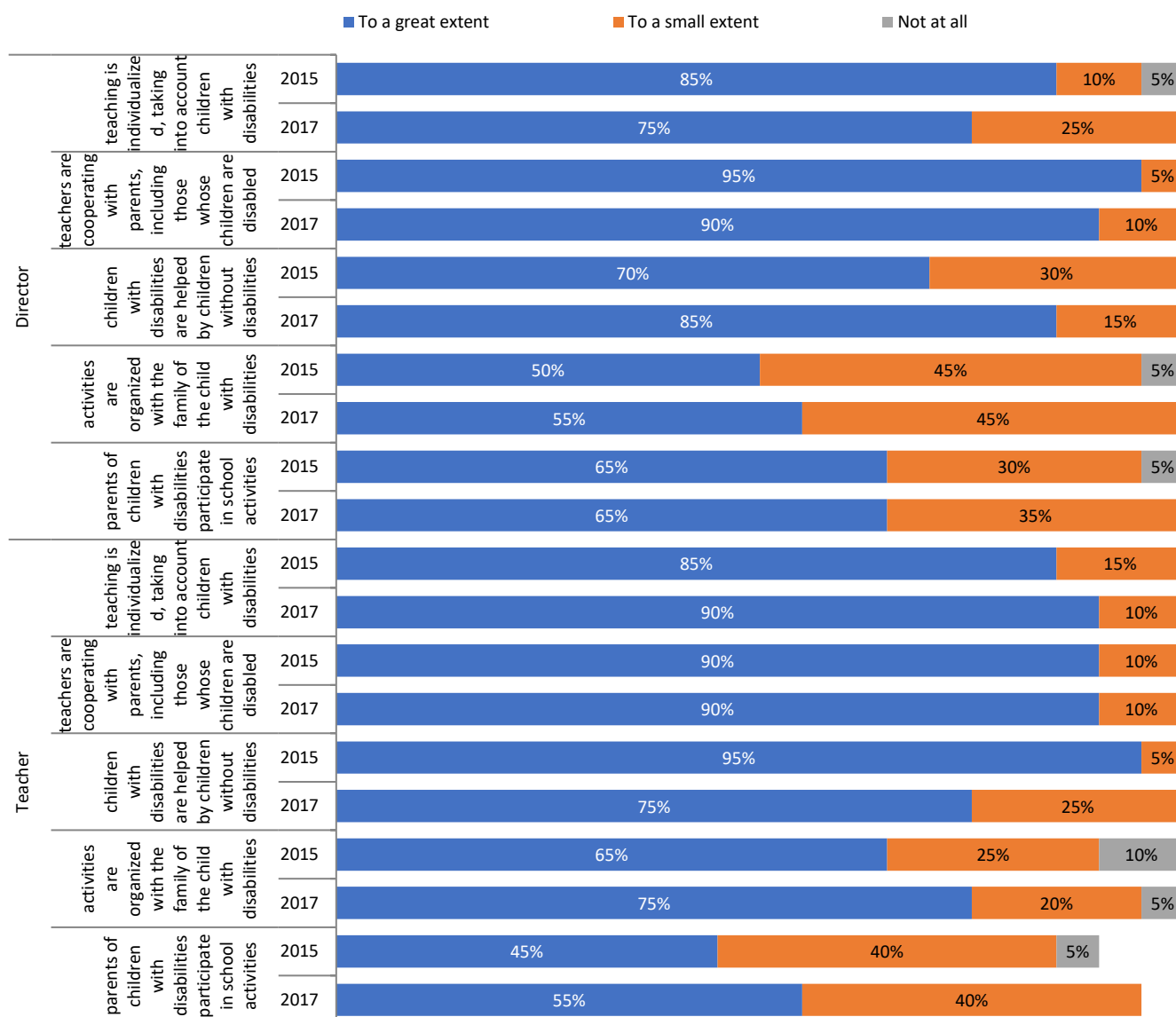
*Source – „Questionnaire – Children with disabilities”

The level of training of educational institutions / teaching staff for the integration of children with disabilities in the general school

Teachers and directors have expressed their views on some aspects of inclusive approach in educational establishments (Figures 42 and 43). According to their answers, the institutions they represent are largely inclusive but there are no significant changes for a better situation compared to the baseline survey.

Figure 42. To what extent the following occurred in your school...?

Target

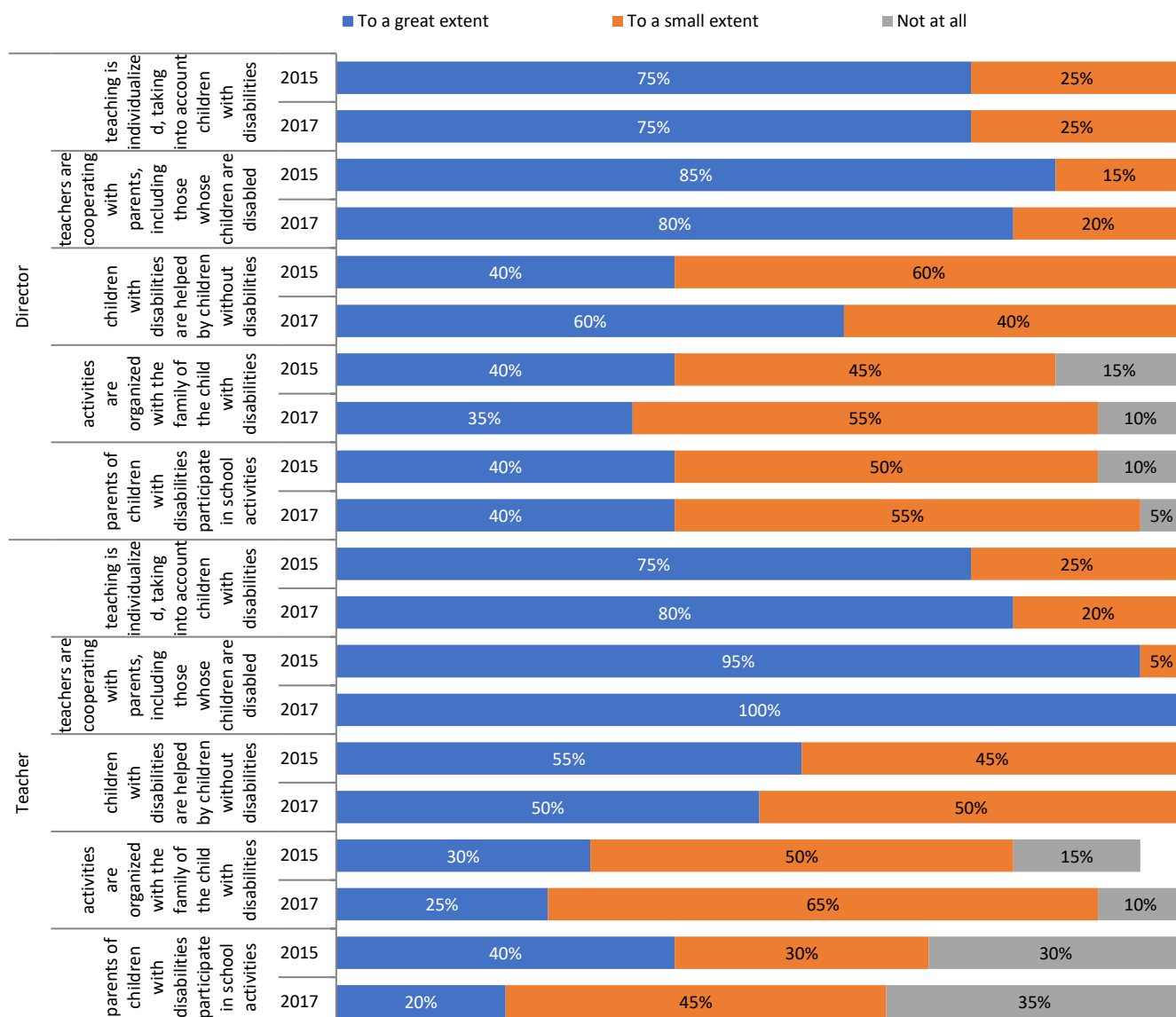


*Source – „Questionnaire – Director/ Teacher”

In this context, the highest appreciation is the inclusive approach which professors demonstrate (the vast majority of teachers and directors (in both groups) declare that teaching is individualized, taking into account children with disabilities, and teachers are cooperating with parents, including those with children with disabilities. The attitudes of classmates to children with disabilities are also highly appreciated (especially in the target group), but fewer teachers (75% vs. 95% in 2015) state that children without disabilities provide help to pupils with disabilities.

Figure 43. To what extent the following occurred in your school...?

Control



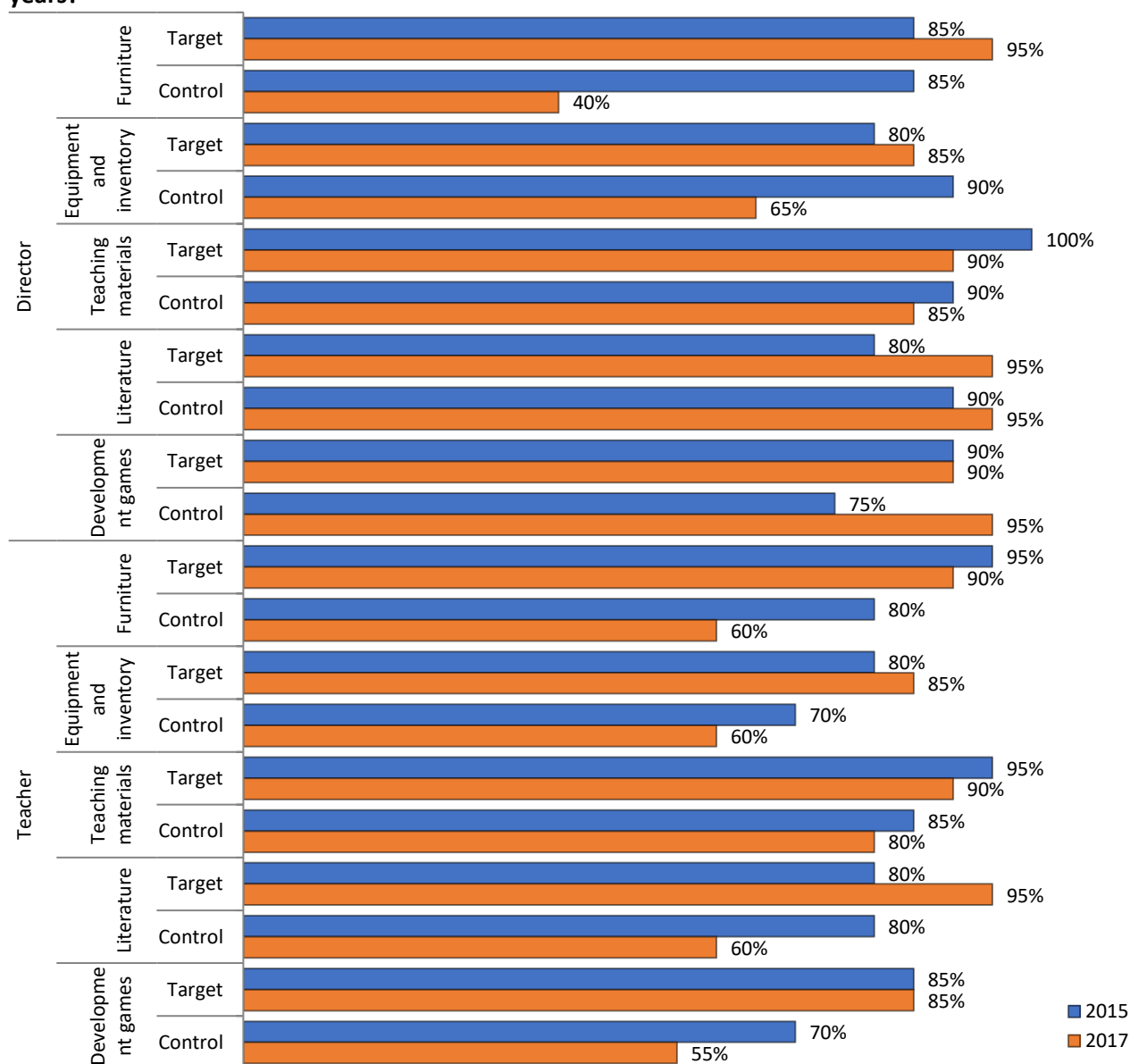
*Source – „Questionnaire – Director/ Teacher”

Overall, schools in the target group appear to be more inclusive than those in the control group, judging by teachers' allegations and the share of allegations. Thus, in schools of control activities with the families of children with disabilities are organized not so often, parents get less involved in school activities.

And in terms of technical and material endowment, schools can be considered rather inclusive (Figure 44). Based on teachers' and directors' responses, over the past two years, they have been provided with furniture, equipment, teaching materials, literature and games designed for the development and training of children with disabilities. Compared to 2015, in 2017 in the target schools a greater emphasis was placed on furniture and literature.

Assessment based on respondents' answers is that schools in the target communities are better equipped with special purpose items than those in the control group.

Figure 44. What materials for teaching children with disabilities were purchased in your school in the last 2 years?



* Source – „Questionnaire – Director/ Teacher”

With the purpose to promote inclusive education, there are groups of promoters in all schools, most of them represented by teaching staff: director, support human resources, MIC, medical assistant, teachers working with children with disabilities. Parents are present in these groups very little.

At the same time, in all schools there is the Council/ Senate of the pupils, however only in some institutions (35% - target institutions, 30% - control institutions, no changes compared to 2015) which include children with disabilities.

On the other hand, the representation of parents of children with disabilities in parents' associations / committees has considerably improved - 90% of target schools and 65% of control schools (compared to 1/3 schools in 2015).

Parents in the study were open to engage in various activities to support children with disabilities and their families. Greater opening was manifested by parents in the target group. Thus, at the level of statements, most parents (especially parents of children without disabilities) would agree to make donations to families where they raise children with disabilities, communicate with other parents about the problems their children face, to support initiatives provided for children with disabilities in the community.

Teaching staff (both directors and teachers) have participated in the last two years in various trainings related to inclusive education (mainly, participants in basic communities):

- roundtables (this number constituting 413 persons - target communities, in control communities the related numbers being almost 2 times smaller),
- seminars (347 persons- target, 173 - control),
- short-term training (345 – target, in the control communities almost 3.5 times smaller - 106)
- long-term training (295 - target, 52 - control),
- study visits abroad (1 person - target and 2 persons - control).

Compared to the baseline survey, the number of teachers who benefited by seminars, short and long-term training courses increased significantly in 2017 in target schools, while in control schools the situation remained similar to that of 2015.

Although they have participated in various trainings, both school staff and other actors responsible for the inclusion of children with disabilities (heads of departments, mayors) call for additional training in working with family and children with disabilities, including in target localities. The need for additional training is invoked significantly by respondents in control communities.

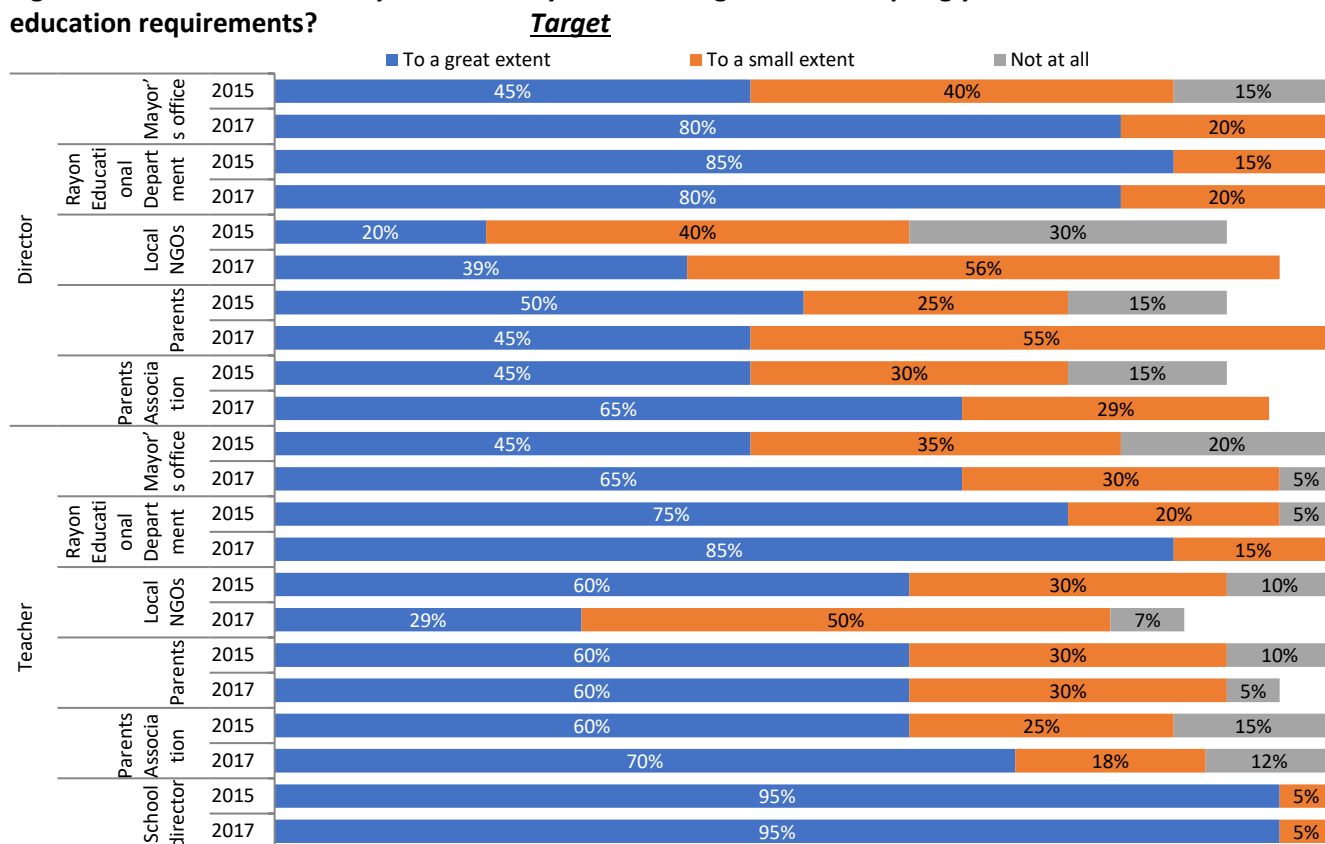
Teaching staff (directors, teachers) as well as Heads of Education Departments are particularly interested in methods of collaborating (persuasion / motivation) with parents who care for children with disabilities; education methods and procedures, teaching and communication with children with disabilities; involvement in extra curricular activities; the specificity of diagnosing each type of disability; child psychology, age peculiarities (areas of interest have been shown downward in order of priorities).

Parents of children with disabilities also expressed interest in certain topics: how to help the child doing their home work, how to provide them the first aid.

Problems and difficulties encountered in integrating children with disabilities

According to teachers and directors, the most important role in adapting the school to the requirements of inclusive education continues to come from the Education Departments and school directors (Figure 45 and 46).

Figure 45. To what extent are you assisted by the following actors in adapting your school to the inclusive education requirements?

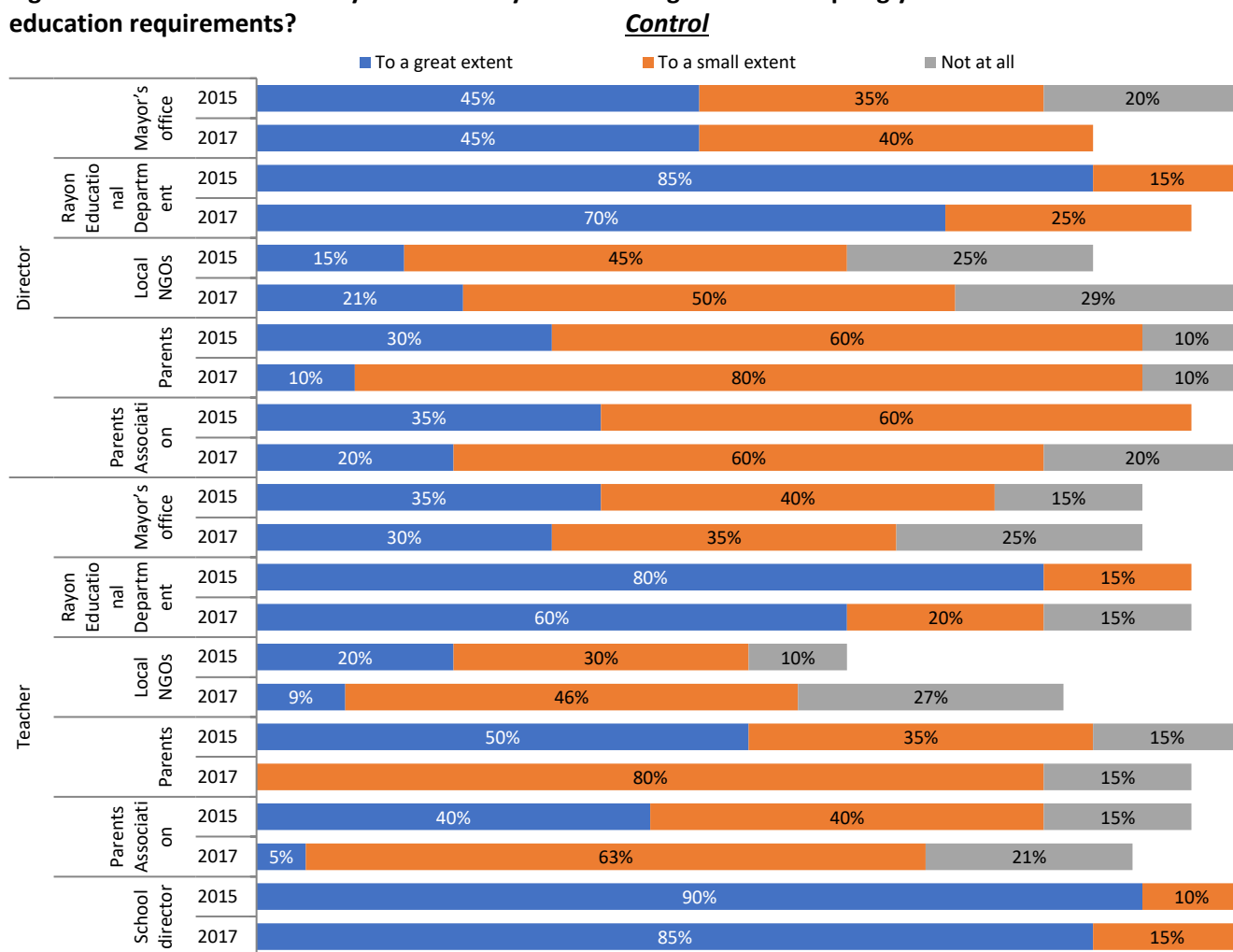


*Source – „Questionnaire – Director/ Teacher”

**Differences up to 100% account for the answers “do not know/not applicable”

Compared to the situation in 2015, the target communities significantly increased the support provided by local public authorities, parents' associations and local NGOs due to the activities started within the MSIF Project. This hypothesis is also confirmed when we compare the situation of control schools where the support of local actors most often dropped significantly. Teachers in control schools report very poor support from the civil society, parents' associations, and local authorities.

Figure 46. To what extent are you assisted by the following actors in adapting your school to the inclusive education requirements?



*Source – „Questionnaire – Director/ Teacher”

**Differences up to 100% account for the answers “do not know/not applicable”

Although the institutions involved in the survey were somewhat endowed with teaching materials and specialized equipment (especially the target schools), it is insufficient for a quality activity. However, these are the most important issues raised by most teachers and directors (mostly in control schools, but also in the target schools). Another problem is the sharing-receiving of school information, access to the home of the child with home schooling (the home is far away from school).

"It's a problem with teachers' support materials, writing on the blackboard, everything deals with a bit too small writing and it should be done to make them easier to master the school material. That happens if they do not see and are late with the writing and all the other "FGD2, parents with children with disabilities.

Respondents believe that in order to make it possible to include children with disabilities, a number of changes are needed at the level of educational institutions. All changes have accumulated higher shares in answers, which shows their importance and necessity - Figure 47:

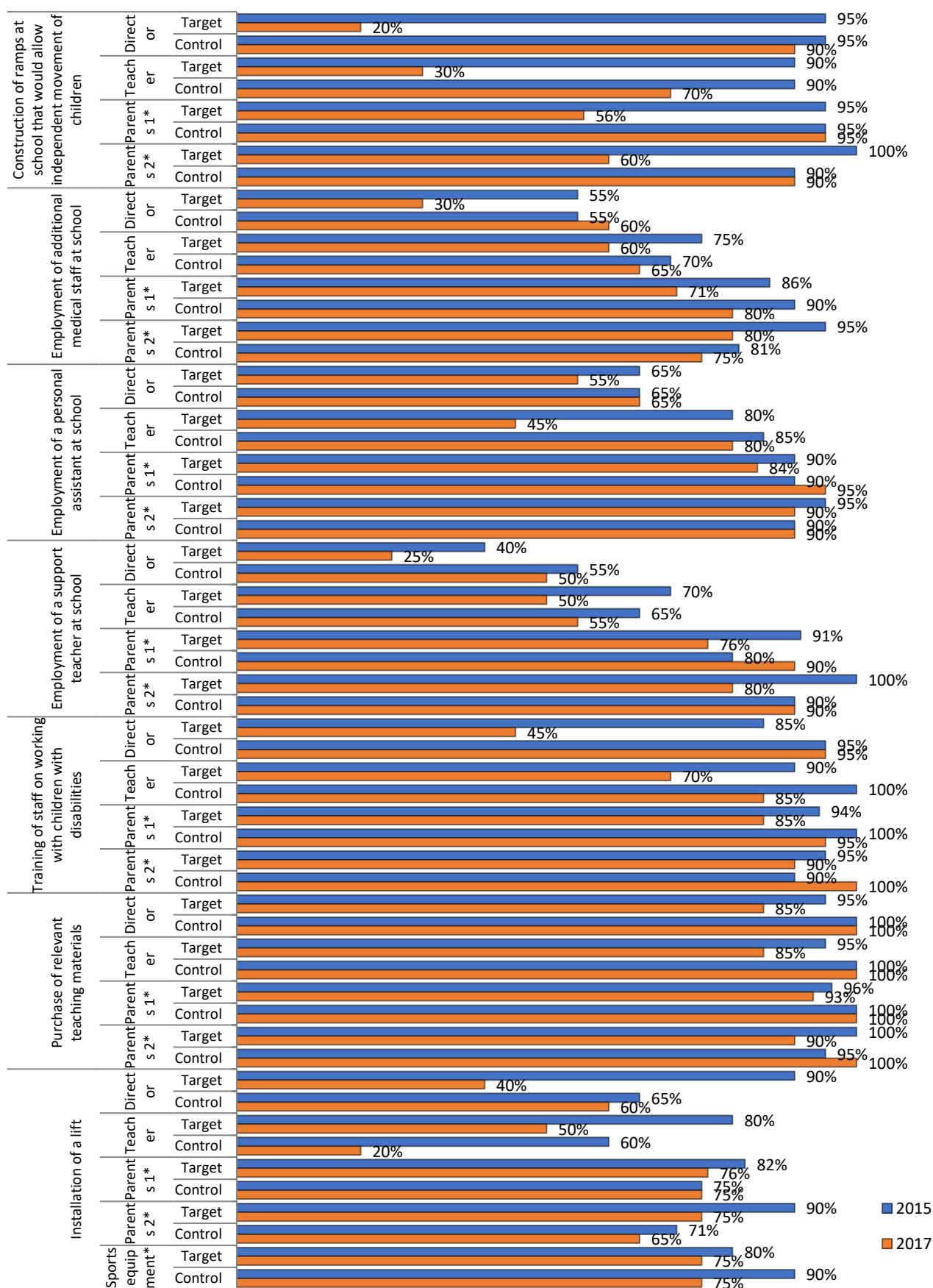
1. Physical accessibility of buildings (providing access ramps and/or lifts, fitting of toiletsto the needs of wheelchair users, endowment with furniture and special equipment, etc.). Note that in target schools the issue of infrastructure is no longer an important one.
2. Acquisition of teaching materials in the field remained an unresolved problem in target institutions as well.

3. Capacity of staff with reference to children with disabilities, methods of working with children with disabilities and their school inclusion is a bigger issue for control institutions, as the target ones have already benefited from a series of complex trainings.
4. Provision of an additional staff - specialized personnel (support teachers, of the institution with personal assistant, medical staff). In target schools, the issue of support teachers is no longer stringent, but the issue related to the lack of specialists remains unresolved.
5. Monitor the inclusion process (*"there would still be a need for such a reviewer to check how things are at school, to attend lessons, to see how teachers work or do not work with children with disabilities, and to clarify the situation on the spot, in reality, not just on paper"*)(FGD2)
6. Providing accessible transport (most of the control institutions do not have transport means, and in the existing ones - none of the buses is adapted to the needs of disabled persons).

"Train teachers to work with children with disabilities; organize out-of-school activities with children with disabilities and with other children; support the talents of children with disabilities if they can not learn; school curriculum to be simplified for these children, but to be optional for talent; to provide resource centers with special teaching materials, because there are no simple sheets; access to schools for children with disabilities should be adjusted to their needs, including separate toilets, special bars should be installed on the corridors to make it easier to move and lunch for them to be served in a specific way, their meal to be ready and put on the table when they come and take lunch to succeed until the break end; discussions to be held in school with the parents of children without disabilities and with children without disabilities in classes on how to behave with children with disabilities. " FGD, parents with children without disabilities

"I think teachers' teaching materials should be more special, as children with such disabilities can understand and use them. The brain develops very much by seeing and hearing, they practically, assimilates all the information through vision. Teachers force them more to write and read, however they can better learn based on hearing and seeing" FGD, parents with children without disabilities.

Figure 47. What changes are required in your school to allow for the inclusion of children with disabilities?

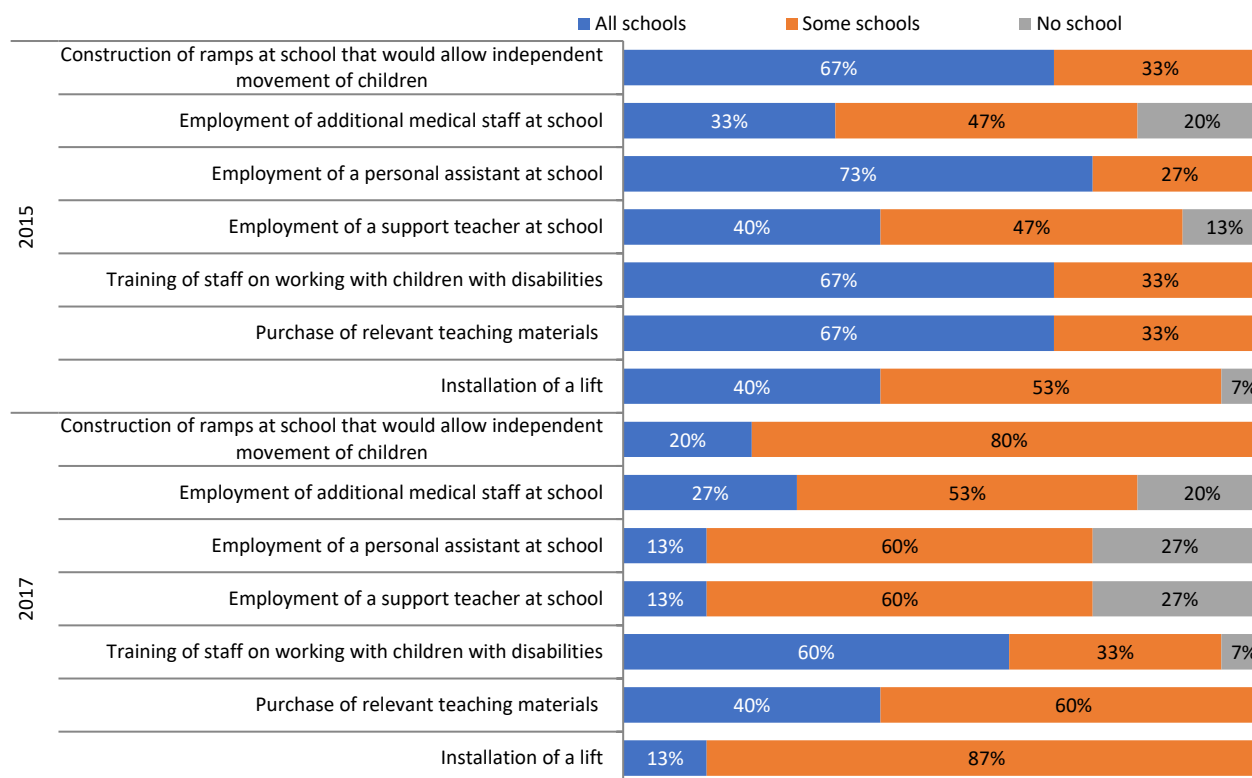


* Parents 1 – Parents of children without disabilities / Parents 2 – Parents of children with disabilities

*Source – „Questionnaire –Director/ Teacher/ Parent of children without disabilities/ Parent of children with disabilities”

The fact that infrastructure problems, personnel and logistics issues in the field of inclusive education have been solved to some extent is also confirmed by the Heads of Education Departments (Figure 48). Thus, the number of schools requiring ramps, personal assistant, support staff, teaching materials decreased significantly. On the other hand, the professional capacity of existing staff to work with children with disabilities remains a very important issue.

Figure 48. What changes are required in schools from your district to allow for the inclusion of children with disabilities?



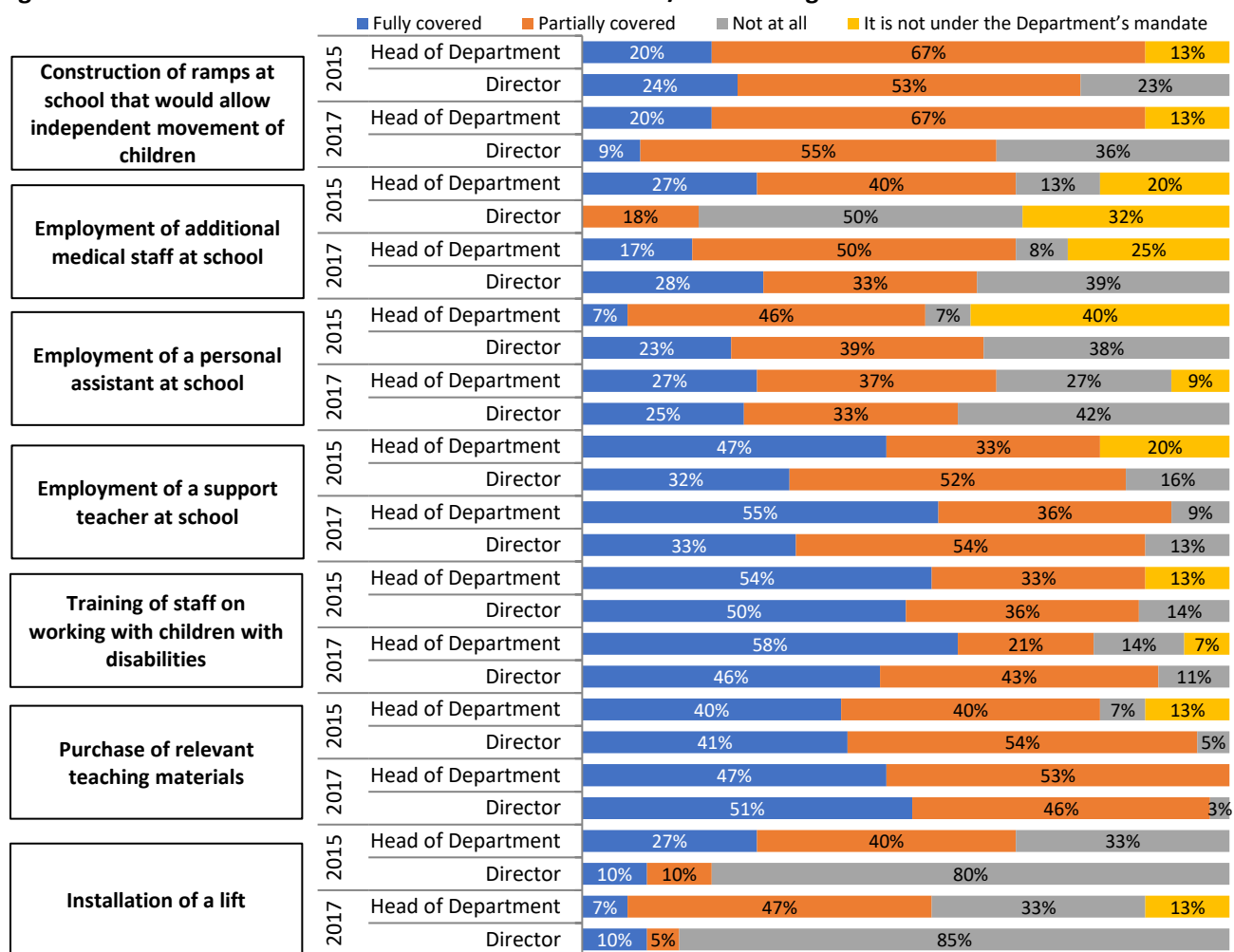
* Source – „Questionnaire – Head of district department”

For many of these activities, resources are available in raion budget (predominantly) or in school budget for financial coverage (Figure 49), in particular for teaching materials, staff training and coverage of vacant positions with support professors.

And parents have come up with suggestions for ensuring better school inclusion:

- raising awareness and changing the attitudes of colleagues in the school towards persons with disabilities (which would contribute to reducing discrimination and isolation);
- support provided by specialists (teachers, psychologists, speech therapist, etc.) for providing care and education of children with disabilities;
- provision of additional staff, who are specialists to offer the necessary support for children in school;
- adapting the education program to the individual needs of persons with disabilities;
- provision with goods to help increase the enrollment and attendance of the school (wheelchairs, clothing, food, etc.);
- capacity and accountability of the teaching staff working with persons with disabilities and their inclusion;
- financial motivation of teachers: *"Yes, the teacher should be provided incentives, at least a little. And, in general, teachers who have one or more children with SEN in class shall be somehow remunerated more, because there is a lot of work to be done and a very high responsibility undertaken with children with SEN. " FGD, teachers. " The teacher shall be provided the adequate remuneration and incentives and it will help."* FGD, parents with children without disabilities

Figure 49. Which of these can be covered from the district/school budget?



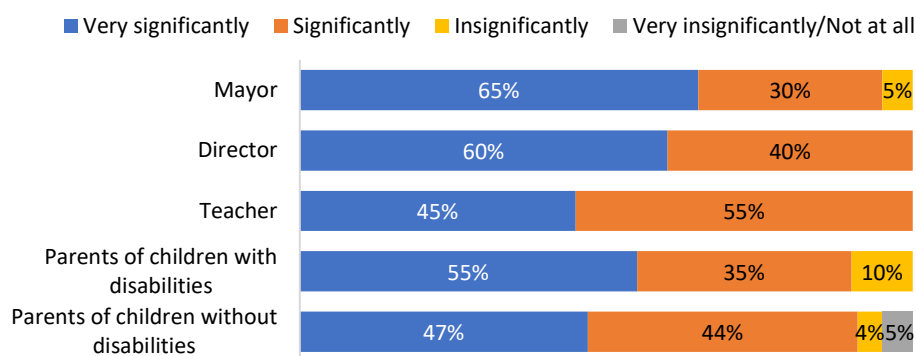
* Source – „Questionnaire – Head of district department /Director”

Suggestions provided by mayors are largely in line with those expressed by school administration and local authorities of level two.

PERCEPTIONS REGARDING THE ACTIVITIES IMPLEMENTED IN SIFM PROJECT

Overall perception

Figure 50. In your opinion, to what extent has the implementation of FISM project Integration of Children with Disabilities into Mainstream Schools caused an improvement of the situation with inclusive education in your school?



**** Source – „Questionnaire – Head of district department /Director / Teacher / Parents of children with disabilities / Parents of children without disabilities”**

Practically over 90 percent of the direct or indirect beneficiaries of the MSIF Project argue that the activities implemented within the project have contributed *greatly / greatly* to the improvement of inclusive education in their school (Figure 50).

Some reserves were mentioned only by parents with children without disabilities or with disabilities (each of the ten parent questioned).

Generally, the MSIF project is most appreciated by the mayors and school directors, 65% and 60%, respectively, mentioning that the MSIF Project has contributed *to a very large extent* to the inclusive education process in their locality.

The overall positive perception of the contribution of the MSIF Project is also confirmed by the dynamics of the satisfaction level of different categories of beneficiaries with specific aspects of inclusive education in the locality. In this respect, the average level of satisfaction on multiple specific aspects of inclusive education increased (by 33%) from 3.3 points (3 years ago) to 4.4 points (current situation) on a 5-point scale, where 1 means *very dissatisfied*, and 5 - *very satisfied* (Table 47.1 and Table 47.2).

Table 47.1 What extent you were satisfied three years ago with the following INCLUSIVE EDUCATION aspects in your school?

	Mayor	Director	Teacher	Parents of children with disabilities	Parents of children without disabilities
School infrastructure	2.9	2.6	2.8	3.2	2.9
Teaching methods	3.5	3.1	3.4	3.6	3.8
Class attendance by the children with disabilities	3.2	3.3	3.9	3.5	3.3
Availability of didactic materials/equipment in the classrooms	3.1	2.7	2.8	3.3	3.1
Availability of teaching methodology guidelines for the teachers	3.5	2.7	2.8	3.6	3.2
Involvement of the children with disabilities in school life	3.2	2.7	3.1	3.1	3.1
Involvement of the parents of children without disabilities	4.0	3.3	3.4	3.7	3.6
Involvement of the parents of children with disabilities	3.1	2.7	3.0	3.6	4.3
Involvement of the local public administration	3.8	3.4	3.2	3.4	3.5
Attitude of the mainstream children to the children with disabilities	3.5	3.3	3.4	3.5	3.4
Attitude of the parents to the children with disabilities	3.6	3.0	3.3	3.3	3.4
General average	3.4	3.0	3.2	3.4	3.4

Table 47.2 What extent you satisfied currently with the following INCLUSIVE EDUCATION aspects in your school?

	Mayor	Director	Teacher	Parents of children with disabilities	Parents of children without disabilities
School infrastructure	4.6	4.7	4.6	4.7	4.7
Teaching methods	4.4	4.8	4.7	4.8	4.7
Class attendance by the children with disabilities	4.4	4.7	4.7	4.5	4.4
Availability of didactic materials/equipment in the classrooms	4.3	4.5	4.3	4.6	4.5
Availability of teaching methodology guidelines for the teachers	4.4	4.4	4.1	4.6	4.4
Involvement of the children with disabilities in school life	4.6	4.6	4.3	4.3	4.4
Involvement of the parents of children without disabilities	4.4	4.5	4.3	4.6	4.5
Involvement of the parents of children with disabilities	4.4	4.4	4.1	4.4	3.3
Involvement of the local public administration	4.6	4.3	4.1	4.3	4.4
Attitude of the mainstream children to the children with disabilities	4.5	4.7	4.6	4.5	4.4
Attitude of the parents to the children with disabilities	4.4	4.6	4.6	4.5	4.4
General average	4.4	4.5	4.4	4.5	4.4

The lowest levels of satisfaction three years ago were recorded for school infrastructure (2.9 points), *endowment with training materials / equipment and the participation of pupils with disabilities in school life* (3.0 points each), and now the average level of satisfaction rose to 4.7 points and 4.4 points respectively. At the same time, almost a maximum satisfaction score (4.7 points) was recorded for *the teaching / learning methods available / used*.

The lowest level of satisfaction at present is certified at the *participation of parents with children with disabilities* in the process of education and inclusion of children with disabilities (average of 4.1 points), especially from parents with children without disabilities (3.3 points).

Knowledge and perceptions about the benefits of the MSIF project

Respondents were offered a list of benefits provided to schools in their target localities to test the extent to which different categories of beneficiaries are aware of the direct benefits that schools receive through the MSIF Project. In this context, the following findings can be highlighted (Table 48):

- The MSIF project has implemented a wide range of interventions in modifying / adjusting school infrastructure and raising public awareness, with a total of 22 items.
- The main benefits obtained by the absolute majority of schools (almost all schools) are the construction of access ramps at school entrance and balustrades, the repair of central and secondary entrances, the installation of supporting bars within inside part, interior works (especially for resource centers and psychologists' offices), the adaptation of sanitary blocks for children with disabilities, floor changes, landscaping, as well as information and awareness-raising activities for the inhabitants and the training of teachers.
- Generally, almost all local actors (mayors, executives and teachers) and the vast majority of parents know the main benefits of the MSIF Project (described above).
- However, there are significant differences in the degree of knowledge of the benefits of various groups of respondents:
 - the lowest degree of knowledge was recorded for children - practically every second child disability questioned could not mention any benefit at school infrastructure level (which should be visible expressed and used by children, such as the adjusted sanitary block, ramp at the entrance, etc.);
 - 1 out of 4 children without disabilities also could not designate any infrastructure benefits;
 - 20% of parents with children with disabilities and 30% of parents with children without disabilities are not aware of the informative and raising awareness activities related to inclusive education implemented in the localities;

- some interviewed mayors have attributed some MSIF Project benefits to other projects (or non-existent benefits), comparing with the share of answers given by school directors (eg 80% of the mayors indicate electrical network repairs, compared to 60% school directors). The same applies to parents.
- some mayoral candidates have attributed to the MSIF Project some benefits from other projects (or non-existent benefits), compared to the share of answers given by school directors (eg 80% of mayors point to grid repair compared to 60% school directors) . The same applies to the parents.

Table 48. What benefits did your school have in the implementation of the MSIF Project?

	Mayor	Director	Teacher	Parents of children with disabilities	Parents of children without disabilities	Children with disabilities	Children without disabilities
Construction of access ramps	100%	100%	100%	85%	95%	55%	70%
Installation of support railings along the ramps	100%	100%	100%	80%	95%	57%	71%
Repairs of the central entrance and auxiliary entrances	95%	95%	100%	100%	94%		
Installation of support bars indoors	90%	95%	95%	95%	95%	57%	76%
Indoor work: The resource centre rooms	90%	95%	100%	90%	88%	58%	73%
Indoor work: The psychologist's room	90%	85%	80%	80%	81%	51%	73%
Indoor work: The speech therapy room	85%	65%	55%	70%	62%	35%	56%
Indoor work: The kinetic therapy room	70%	70%	50%	50%	49%	33%	40%
Changes to the floor layout with adaption of the WCs for the children with disabilities	95%	100%	100%	85%	86%	55%	75%
Flooring repairs/replacement	90%	85%	85%	85%	77%		
Work on the grounds (pavement, access ways)	70%	75%	80%	90%	84%		
Replacement of windows and the entrance door	80%	55%	75%	100%	89%		
Roofing repairs	50%	35%	35%	85%	60%		
Electric wiring and equipment	80%	65%	65%	75%	77%		
Indoor and outdoor water supply and sewage pipelines	85%	65%	85%	85%	83%		
Indoor and outdoor power supply lines	80%	60%	80%	75%	82%		
Heating system	55%	20%	55%	80%	70%		
Ventilation system	75%	70%	65%	50%	67%		
Heat insulation of the school building elevation	35%	10%	45%	70%	53%		
Sewage water treatment plant	55%	50%	50%	60%	58%		
Awareness-raising in the community	95%	90%	95%	80%	70%		
Delivery of training to the teachers	95%	100%	100%	90%	83%		

The level of satisfaction of the direct and indirect beneficiaries with the activities performed / interventions made within the MSIF Project is very high, with an average of 4.5-4.7 points on a scale of 5 points, where 1 means *not satisfied at all*, and 5 - *very satisfied*.

“The support bar, the ventilation system, the toilets, the hot water that was previously lacking, the doors and windows were changed and the insulated windows were installed, the rooms that were in very bad condition now are repaired and covered with terracotta. Access ramps for wheelchairs and doors right at the entrance

were built to have a free access for children in wheelchairs. The sidewalks have been repaired and adapted for all children. I am very pleased with what has been done. "; "So much has been changed, even the roof was changed. The doors and windows are all changed, the very nice arranged corridors, the bars, the elevator, the in-door toilets, the well-equipped sports hall, the pressed rubber floor, which is very convenient for children and they like it very much. The entrance to the resource office was out, but now they have made the repairing and it's located being convenient to the people.

Even the façade of school, the outside walls were painted in a very beautiful color. We are very pleased with what has been done. "; "They've changed the roof, the doors and windows have been changed, there have been built support bars, WC has been built inside, which are unfortunately locked by the maid not to clean it and the children have no access to it. The corridors are well-arranged, but there are only stairs and there is no ramp for the children in the wheelchair and we do not have a lift. I suppose kids in wheelchairs will not be taught at the highest level floors. Outside they built sidewalks, installed chairs, planted clumps of flowers and grass, surveillance cameras have been installed. "; "The project started to be implemented in mid-July and little has been done until now. The doors and windows were changed to half-school until now, the support bar was installed, the stairs were not repaired, the ramp for the wheelchair exist.. The gym is under repairing. I am happy with what has been done to the moment. "; "The building had been insulated from the outside, it was cold in winter in the classes and they added radiators. They built ramps for children in wheelchairs, in WC it was added another compartment for children with disabilities. I am very pleased with the changes that have been made. "; "We do not have children with physical, motor disabilities, however the conditions that exist currently are being adapted to their needs." FGD, parents with children with disabilities

"This year in our school, a project was won as well, and the windows were changed, really they had to be changed because they were wet, they changed the doors, the blackboards were illuminated, they installed a ramp, we did not have it, the inside toilets have been repaired, now they have repaired and covered the entire territory of school with pavement, so now the works are getting finished, of course we are very pleased and happy that our school won this project because the city hall did not have enough resources for this renovation. Clearly, now the situation is much better in school than before renovation, we are happy to come to school and see such beauty. "; „Compared with last year, this year, a revolution was made in our school starting from the entrance, setting up sidewalks, the entrance is also made for children with disabilities, I did not realize that I enter the door normally, on both sides there are these support bars for wheelchairs and of course, the doors at the entrance and in classes were changed, the door was placed outside, now they installed it on each floor, they worked up till late, the cold had already begun, and they had not finished the works, there were some other problems with the light, with the boiler, we had meetings where all the expenses were discussed, the mayor assisted at these meetings, these expenses were analyzed with the parents, they were transparent with reference to all expenses, I know that there is a need for other expenses, currently there are some problems with the roof, and some reserves remained, probably around 500,000, but there are other expenditures for the repairing of the sports hall, it's a little problematic, because it's a bit cold, that means there are still problems with the heating, the boiler room and they need more money, all the parents are informed and we are very pleased. " FGD, parents with children with disabilities

However, in some localities the beneficiaries were not satisfied with the work performed, mainly because of the low quality of the works or materials used, the failure to finish the works or the design errors:

"A very small volume was calculated in the sewerage and treatment station, which requires weekly cleaning of the station and enormous costs for this process; The works have not been completely finished; The borders were not installed; Planning at source has not been done correctly; There is no ventilators' output; The device that regulates the closing of the outer door does not any more operate; The electric power grid has suffered great damage, the entire network awaiting a major repair; It was made superficially; Roof repair is not qualitative; There are many offices in which the floor is damaged; The work has been done too fast. "

At the same time, in some localities / schools, a significant share of respondents (from 5% to 33%) state that a number of works accomplished were not operational at the time of collecting data on the ground:

- about 15% of mayors invoked non-operational entry ramps and related balustrades, as well as repair works at central and secondary entrances;

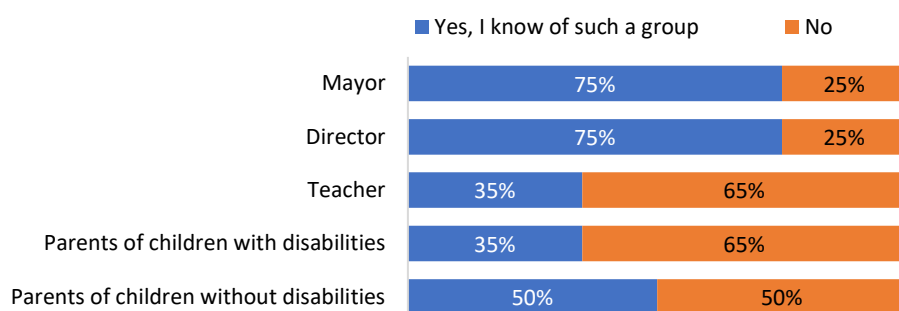
- on average, 1 out of 4 directors or teachers referred to the fact that the offices of the specialists (psychologist, speech therapist, kineotorapeut) and the sanitary blocks were also not operational; In the case of specialists, the inactivity of the offices is determined not so much by the unfinished or the quality of the works, but by the lack of the respective specialists.
- 10% of the directors (for the schools where the sewage treatment plant was installed) invoked the wastewater treatment plant inoperative.

One of the MSIF Project's components was to raise awareness of public on inclusive education. In this respect, an Initiative Group (composed of local actors - representatives of local public authorities, teachers and parents) was set up in each target locality to inform and promote inclusive education in the locality.

„The project is a very successful one, because healthy children in general secondary education schools have also benefited from the integration of children with disabilities. Repairs that have been made to schools are due to the inclusion of children with disabilities. ”; "Information activities have been carried out properly well, we have always been informed in the school, in the city hall, the council, even within the museum. There were parents with healthy children who were also informed, even if they were skeptical initially and did not think that everything would eventually be implemented, and now everything is well done.”; „In Sangerei there is a large house for culture where there was a general assembly held in high school (lyceum), where the great majority of parents were present. At the meeting, all the expenses that were made were presented. All expenses were transparent.”; "Promoters of inclusive education are support teachers in our school." FGD, parents with children with disabilities

"I have heard about this project I know that work has started on this project, first of all they started working in the school, namely seminars were organized, seminars were held all summer, and parents with children were coming, they taught us, they were telling us how we have to bear, how to adapt these children to the society, they asked our opinions, there were parents with children with disabilities, parents with children without disabilities, and parents participated at these trainings and they liked them, we were also at the summer camp in Holercani. "FGD , parents with children without disabilities

Figure 51. Do you know of the existence of an INITIATIVE GROUP in your community for awareness raising and promoting of inclusive education?



* Source – „Questionnaire – Head of district department /Director / Teacher / Parents of children with disabilities / Parents of children without disabilities”

Being asked if they knew about the existence of the local Initiative Group, 75% of mayors and school directors confirmed this fact, while 2/3 of teachers and parents with children with disabilities knew nothing (Figure 51).

From the group of respondents who know about the existence of the Initiative Group, most (over 75% of mayors, directors, teachers and parents with

children without disabilities) confirmed that this group carried out information activities on inclusive education in the year 2017. At the same time , 29% of parents with children with disabilities say that such activities have not been done and another 14% do not know anything.

Among the public awareness activities implemented by the Initiative Groups we can list the following: seminars, round tables, thematic meetings with parents, informative materials (flyers), cultural events (festival, social theater, contests).

Knowledge, perceptions and practices of the teachers on the training process within the MSIF Project

The third component of the MSIF Project was the training of teachers in target (pilot) schools on the inclusive education of children with disabilities and with special educational needs.

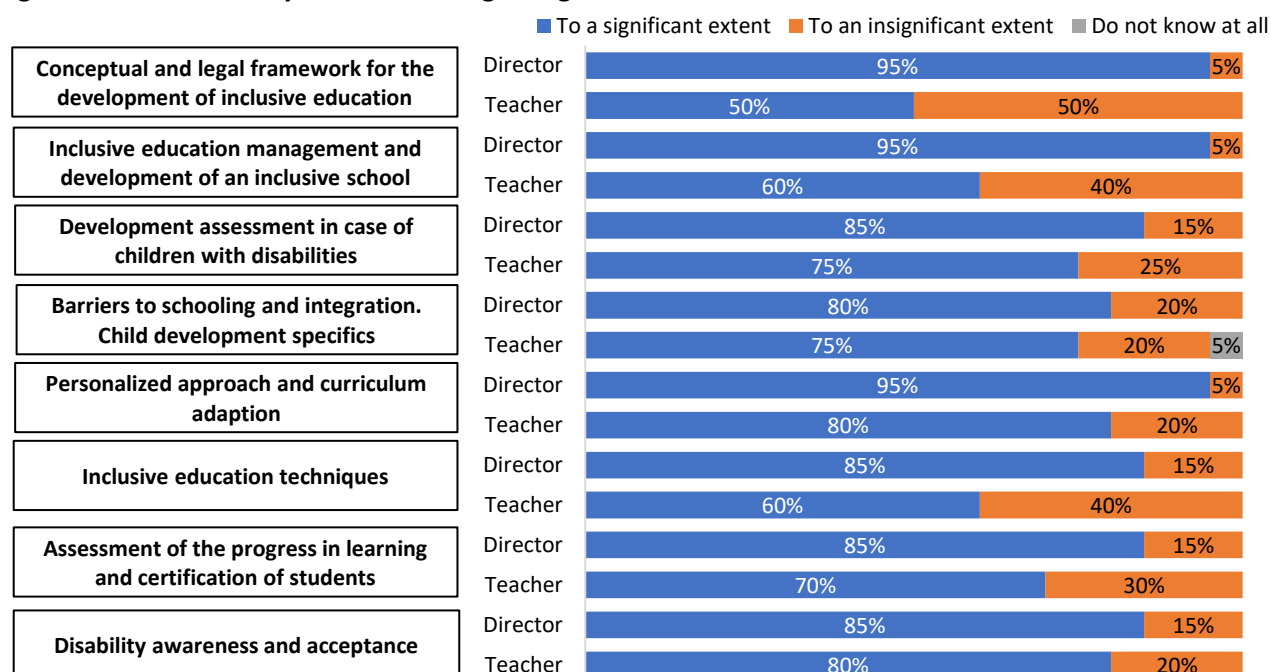
The training course included eight modules:

1. Conceptual and legislative framework for the development of inclusive education
2. Inclusive education management and inclusive school development
3. Assessment of child development
4. Barriers to learning and participation. Children's development features
5. Individualized approach and curricular adaptations
6. Inclusive teaching technologies
7. Evaluating the progress of student learning and certification
8. Awareness and acceptance of disabilities

The impact of the training courses was measured in the survey through questions about the level of knowledge, the usefulness of the materials and their application in the study practice.

With reference to knowledge, we find that not all school directors and teachers fully know the eight modules based on which they were trained (Figure 52).

Figure 52. How well do you know these guiding materials?



* Source – „Questionnaire – Head of district department /Director”

Excluding the first 2 modules that are general and related to managing, it is important to note that a significant percentage of teachers are insufficiently knowledgeable about *inclusive teaching technology* (40%), *assessment of pupil's learning progress and certification* (30%), *child development assessment* (25%).

In general, we can see that at least one in five teachers has insufficient knowledge of any of the trained modules.

On the other hand, all teachers and school directors confirm the very usefulness of the materials based on which they were trained.

Based on the low level of knowledge related to the materials (but also due to the lack of time), 15% of the teachers admit that they apply them to a *small extent* in the pupils' training process and only about 40% apply them to a *great extent*.

CASE STUDIES

Note: Children's names do not match the real names.

CASE STUDY 1

Social-demographic information: Sex: Female; gymnasium class; Disability Type: Mental disability (a severe case of mental retardation caused by a birth trauma).

Family composition and financial situation: Cristina’s parents have emigrated abroad. Cristina is currently staying with her grandparents and her mother’s sister who has two children of her own. Cristina has two elder brothers who both suffer from a speech disorder. The family’s financial situation is middle-class.

Psychological and social profile: Cristina is a positive, well-disposed, forgiving and very sociable person. She likes the company of other children very much, especially the company of younger children because Cristina’s mental age and interests are closer to theirs. Cristina is well developed physically and good-looking, but very naive and credulous. Consequently, she is exposed to the risk that other persons can misuse her naivety. For that reason her close relatives are trying to monitor her all the time.

Development of independent living skills: Different from her mother, Cristina’s grandmother and aunt have always treated her as a person without any disabilities. Due to this attitude, Cristina has been able to develop some self-care and independent living skills (she can cook a simple meal, do housekeeping chores and perform some other household activities; she is learning to put on and match her clothes correctly, etc.). She is very fond of football and often goes to watch football at the local stadium.

Schooling: Cristina started going to school at the usual age for form 1. She was going to school in her native village (Sărăteni-Mereșeni) and had a voluntary attendance schedule. Schooling was difficult. Cristina was not able to control her behaviour and emotions; she would stand up and leave the classroom during a lesson and had fits of continuous crying for no reason. The school teacher was not able to give Cristina sufficient attention which the girl needed. As there was no SEN supporting teacher, Cristina’s behaviour was ‘moderated’ by her grandmother and by her aunt who was a primary school teacher at that school.

When Cristina was in form 4, her aunt was transferred to another school located in Sărata Galbenă; her grandmother retired and Cristina remained alone at school without any support or control. Neither the schoolchildren nor the teachers had had any preparatory training as to how such persons should be dealt with. Schoolchildren used to laugh at Cristina. Finally Cristina’s mother decided to take the girl from school in view of unfriendly and even aggressive behaviour of other children in respect to Cristina.

Sometime later the Sărata-Mereșeni school was closed and the schoolchildren from that village had to continue their schooling in the school located in the nearby village of Sărata-Galbenă where they were taken by bus. Certain conditions had been created in that other school for integration of children with disabilities into mainstream schooling; teachers had received certain training concerning teaching of students with disabilities and mainstream schoolchildren had been made aware how one should behave towards persons with disabilities. In such conditions Cristina’s aunt (who was a teacher in that school) discussed a possibility to send Cristina to that school with the girl’s mother. Cristina’s mother’s initial response was a flat refusal because she did not want her daughter to experience another case of rejection, humiliation, mockery, aggression, etc. from her classmates. The concerned schoolteachers discussed the conditions at their school and the need to integrate all children in the schooling process with Cristina’s parents and explained the advantages for Cristina in case she becomes integrated in the secondary education process. Finally they succeeded to convince Cristina’s mother (although that was not an easy task) to send Cristina to school again.

The integration was quite successful in Cristina’s case. Cristina’s disposition (she is sociable and friendly) played an important role in that process. She makes dozens of compliments to other persons, telling them they are good-looking/beautiful and look well that day. Cristina pays profuse compliments to each teacher entering the classroom

where she takes her lesson. In their turn, the teachers demonstrate a very warm attitude to Cristina because of this trait of hers. Cristina comes to school and goes from school together with her classmates and her aunt by school bus - and she likes these trips very much. She is fond of going to school because that is a change from the atmosphere in her household and she can play with other children and engage in diverse activities of interest for her. She gets up very punctually in the morning on schooldays. Certain progress has also been registered in terms of her ‘perseverance’ i.e. ability to sit still during a lesson: if a year ago she was able to sit still for maximum 15 minutes, now she can sit still even for 45 minutes – even though she is asking every 5 minutes how soon the break is. She likes breaks very much. The support from the supporting teacher to Cristina plays an important role in the integration process, and the girl has formed a very good relationship with this teacher. She refuses to attend lessons, to write and to read without her teacher. The supporting teacher has individual classes with Cristina outside of school hours; typically they take place in the curriculum office because the Resource Centre has not yet been commissioned for operation. In this office Cristina can take some rest, draw and colour in some pictures – she is very fond of these activities very much. Another favourite activity is singing. Cristina is more relaxed during these individual classes. Her favourite subjects at school are: Russian, informatics (where she can make pictures in Paint), chemistry (because it involves working with tubes and reactions) and maths (because she likes to count). She likes all subjects taught by the schoolteachers from her native village because she knows them better. Cristina likes going to school very much. She is very excited when she comes home from school: she tells stories about what she has been doing at school, what she has learned, with whom she spoke and with whom she played games. Cristina’s classmates as well as other schoolchildren are very friendly in their attitude to her; they are glad to see her when she comes to school, they greet her and ask her if she needs anything. During lessons they involve her in their group activities. When they go to the school canteen, they invite Cristina to go with them. However, there were some occasions when certain children (especially younger children) behaved towards her in a way that made her cry; they hit and kicked her, smeared her clothes and mocked her.

Even though the schoolchildren and the teachers are not yet sufficiently prepared to fully accept the company of such children next to them, their current attitude to Cristina is much better than one year ago and earlier. Both the schoolchildren and the teachers have become more understanding, more open to offer help, to involve the girl in diverse extra-curriculum activities (such as reciting poems or singing songs).

Cristina is very optimistic and certain she will be able to finish school; her dream is to be a medical nurse and to become a bride. She describes what her future husband would be like, says they will have 4-5 children and has already chosen the names for them.

The role of FISM project in integration of the child in the schooling process: (1) Adaption of the existing physical infrastructure (e.g. construction of an appropriate WC inside the school, development of a resource centre); (2) capacity building of the teachers and supporting teaching staff to ensure integration of the children with special educational needs (SEN) and disabilities in mainstream schooling (development of tailor-made plans, training in the specifics of working with children with disabilities, development of the skills of parallel work with mainstream children and children with disabilities, etc.); (3) awareness-raising activities targeted at mainstream schoolchildren regarding interaction and communication with children with disabilities, the needs of such children, problems faced by them, etc. For the future, it would be necessary to commission the Resource Centre and to equip it with a TV set because Cristina embraces visual material much better than audio material and is very fond of singing and dancing.

CASE STUDY 2

Demographic information about the child: Sex: Male, gymnasium class. Disability Type: Mental disability (mental retardation) and behavioural disorders.

Family composition and financial situation: Radu is living with his father and grandmother. Radu’s aunt who is living in immediate neighbourhood cares about him very much, offers emotional support and assists in the process of schooling. She is the only person who is able to calm him down during a nervous fit and knows how to ‘reach out to the boy’s soul’. Radu’s father often turns to the boy’s aunt for support and assistance when he is at a loss how to communicate with the boy properly. Radu’s mother has moved to Moscow and hardly ever contacts her former family. Radu is 14, but he has seen his mother only three times during his lifetime.

Independent living skills: Radu is involved in household chores (harvesting crops, sweeping the yard, cleaning up in the house).

Psychological and social profile: Radu is a nervous boy who overreacts and takes everything personally, he can ‘explode’ and his behaviour undergoes rapid changes. He does not respect his father’s and his grandmother’s authority. Radu reacts to an attempt to communicate with him by turning away and leaving with the words, ‘Hey you, do not piss me off!’

Schooling: Radu went to school (form 1) when he was 7. He goes to school regularly and attends all lessons. He is studying according to a tailor-made curriculum (PEI). He likes going to school, being with his classmates and friends, being told about human rights. He also enjoys going to the resource centre where he prefers to draw and to colour in some pictures. His colourings are very skilful; some of his best works are demonstrated on the pin-board. He has major problems with understanding of material during his studies. His friends and some of the teachers assist him at school. He likes it that much more attention has been paid to him recently during lessons. In prior years he used to always sit somewhere at the last bench in the classroom and teachers did not use to notice him; nobody used to pay him any attention or to listen to him – and that used to hurt him very much. Radu’s current relationship with the teachers is a major improvement.

However, some of his classmates and other schoolchildren are still upsetting and rejecting him. His typical reaction to those who have upset him is swearing at them. He never cries in such a situation because he is used to be blamed for it. Nevertheless, he has many friends among his classmates who usually protect him in such cases.

The role of FISM project in integration of the child in the schooling process: The school WCs were modernized. It is warm inside the school building now and the children no longer have to wear their overcoats during classes. Several specialized approaches and techniques that have proven to be very helpful for schooling of children with SED are used at school. The extent of acceptance of children with SED has grown recently. In prior years the children who went to the resource centre used to be stigmatized and considered inferior to other children. At present, attending the centre is no longer considered shameful; on the contrary, it is welcomed. Schoolchildren are no longer differentiated depending on whether they attend the resource centre. The relationship among all schoolchildren has become warmer on the whole and they have become friendlier. The changes that have taken place at school are very beneficial for Radu.

Dreams and plans for the future. After he leaves school, he wants to go to a college in Chisinau and to train to become a PE teacher.

CASE STUDY 3

Demographic information about the child: Sex: Male, gymnasium class. Disability Type: Mental retardation, speech disorder.

Family composition and financial situation: Marcel and his younger sister were born into a family of alcoholics and had a very deprived childhood. The parental rights of their parents were finally terminated by court judgment because of their alcoholism and social service placed the two children into substitute families. Marcel is currently living with a professional parental assistance family; he loves his new family very much, respects them and thinks highly of them. Marcel’s biological parents have died since, but their death did not make the boy sad. Marcel used to be very unhappy when his biological parents were still alive and visited him.

Psychological, medical and social profile: Marcel is a nervous boy. When he has a nervous fit, he is screaming, shaking and may stay rigid afterwards for up to one hour. The boy has a major vision impairment and wears glasses. He needs treatment because of his multiple health problems, but that treatment is very expensive considering the level of the substitute family’s incomes. Marcel has a dream: he wants to be a cook when he grows up. He is very fond of travelling and taking long walks.

Independent living skills: Marcel is able to take care of his personal hygiene. He becomes involved in all household chores and activities. He helps cook meals such as pies, dumplings, stewed fruit drinks, beetroot soup. He can buy foodstuffs in a shop. He likes helping his father at the mill or with tractor maintenance, etc. He has learned to take better care of the money entrusted to him. He goes to school on his own, without an accompanying person.

Schooling: Marcel started going to school when he was 7. Initially he was very aggressive and misbehaved towards other children and teachers (swearing at them, starting fights). The situation has improved considerably since then (due to the parental assistance efforts). The boy has become much calmer, he goes to school on regular basis and does his homework independently now. He likes school because he has many friends there and has learned many new things and living skills. He has a friend with whom he is sharing a desk during all classes. He is happy and beaming with joy most of the time. He interacts very well with many of his classmates, but there are some schoolchildren who do not treat him well. He has learned to ignore them or to tell his teachers about the situations that have affected him adversely. His interaction with his teachers is very good. Each teacher is trying to assist him in their subject. He has particularly good relations with his teacher of Romanian who helps him a lot with embracement of new material. Most probably, that is the reason why Romanian is his favourite school subject. His disability has set considerable limitations for learning. He is schooled on the basis of a PEI curriculum. When he finds some task particularly hard, he goes to the resource centre where support teaching staff help him with his homework. He goes to the resource centre on his own according to the daily schedule. He does his homework at the centre. He does not want to take part in extra-curricular activities. His academic performance has improved considerably during the last year and he is the best student among all schoolchildren with SEN. He does not linger at school after classes.

The role of FISM project in integration of the child in the schooling process: The conditions offered by the school have improved during the last year; now the school has more adapted classrooms and an adequate indoor WC, a new gate, paving, a modernised staircase, etc. These modifications have made the school building more attractive for all children, including those with SEN.

The situation has visibly changed also in terms of acquiring diverse props and supporting materials for the resource centre. The teachers go to the centre for tests and other adapted materials, when needed. All teachers have received training regarding how to ensure integration of children with disabilities in mainstream schools, have understood what a modified adapted curriculum means, how it should be implemented and how all activities should be planned. Each teacher has received personalized training support.

Thanks to FISM project, Marcel benefits from the services of a speech therapist who is not one of the school staff, but comes to school when needed.

CASE STUDY 4

Social-demographic information: Sex: Male; gymnasium class. Disability Type: Sensory disability (eyesight).

Family composition and financial situation. Ion’s family is middle-class. He is currently living with his grandmother, a retired pre-school nanny, and with his elder brother who is 22. Ion’s family has a house of their own, but his parents are working abroad and so he is living in his grandmother’s house. His mother is working in Italy and his father is in Moscow. Ion has been living with his grandmother during the awkward period of growing up from a boy to a teenager and his granny admits she has not been able to ‘hold him in check all the time’. The environment, proximity to slums and some bad friends have influenced the boy’s disposition and there have been tensions between the Ion and his grandmother, but their relations are generally good.

Psychological, medical and social profile: Ion was born with eyesight problems. His parents had been afraid to apply for medical intervention during the boy’s first years of life and that had resulted in an aggravation of his state. He underwent eye surgery at a later stage and had a crystalline lens replaced in each of his eyes. At present his eyesight is very poor and he can only see with one eye. Ion does not wear glasses because he is embarrassed to do so in front of his classmates.

Development of independent living skills: Ion is a diligent boy and he assists with all household chores, chopping wood, harvesting crops in autumn, digging the vegetable garden, weeding, cleaning up, cooking meals. He goes shopping on his own and knows what prices are typically charged for diverse items and what change he should be given after he pays for them; one can be certain that the boy will not be deceived by others.

Schooling: Ion used to attend pre-school. His parents had been recommended to send him to a specialized school in Cahul, but they had refused. He started going to a local mainstream school when he was 7 (which is the usual age for starting school). There had been no obstacles to his enrolment to school.

He is studying according to the standard full curriculum. He goes to school on his own, without an accompanying person, and it takes him 20 minutes on foot. He was absent from school a lot at the time he was undergoing his eye surgery and subsequent rehabilitation treatment. Ion’s academic performance suffered because of his prolonged absence from school. As a result, Ion was included in the group of schoolchildren who had to attend the resource centre.

In autumn he was working on the farm with the rest of his family, but this work did not affect his school attendance adversely. Farm work usually started at 4 a.m. and he was not late to school.

He likes school and goes there on regular basis. There have been some occasions of his leaving school early for diverse invented reasons. Sometimes he did not attend school because he was sick. Still his most favourite days are the weekends because he can stay at home. He does not like it when teachers raise their voices at him. Sometimes when he comes late to school or turns to a classmate to ask for a pen, a teacher starts shouting at him and that makes him very angry. His favourite school subject is maths because he is a natural at maths and because he likes the teacher who has never once raised her voice at him. He sits at the desk closest to the teacher. He can see practically nothing written on the class board. He can only see his exercise book very vaguely. He relies mostly on his memory and learns mainly from what he can hear, hardly ever from what he can see, write and read. He does not especially like other teachers – even though most teachers speak highly of Ion. Support teaching staff, the maths teacher and his grandmother help Ion embrace new material. The head teacher is also supporting him.

The curriculum has been adapted to Ion’s needs. He uses reading materials with a larger print because he tires soon when he has to read a small lettering. He alternates reading with discussions and games. He feels better and more relaxed at the resource centre. He has a very well developed intellect, but information is not assimilated to a sufficient extent because he reads very little. The teachers do not urge him to test his abilities or to do more than he can.

He interacts well with most of his classmates and has five good friends. There are some classmates, however, with whom he does not interact well, some children who laugh at him and mock him because he cannot see properly. Ion had even been beaten and his glasses had been broken during his first years at school. There have been no such situations during the recent period.

He has been attending the resource centre since form 2 according to his personal time schedule, but he can also come at any time whenever he wants it. He goes gladly there. Ion likes it most of all when they arrange diverse games, when he is able to achieve something through a game, when he is valued and praised.

He likes sports, but there are no sports circles active at school at present. There is a woodworking room with very good equipment where he could assert himself well enough, but his school does not have a teacher who is a woodworking expert.

The boy does not like to be attacked in any form. He is not open to discuss the problems he is facing. But he is looking for a remedy in the company of his classmates. His disposition is not that of a looser; he does not allow anyone to humiliate him and repays in kind in critical situations.

The role of FISM project in integration of the child in the schooling process:

The teachers have changed their attitude to children with disabilities. The teachers are in search of diverse methods to integrate such children among others so that they do not feel they are different from others. The teachers are looking for diverse supporting materials to make the process of schooling easier for such children. A tailor-made schooling curriculum (PEI) is developed for each of such children separately.

The relations have improved among the children. There are still some interpersonal problems in senior classes because these schoolchildren were covered by awareness-raising activities at an age when their mentality had already been shaped, including the practices of stigmatizing the children with SEN. But in classes with younger kids there are almost no barriers among the children.

The required conditions have been created for physical accessibility of the premises (support railings, ramps). Floors were changed and the stairs were repaired in the school building, but the stairs are still dangerous in winter because they are slippery. Closed circuit video cameras have been installed, but Ion does not like them because now he is not able to do mischief unobserved. An indoor WC was installed in the school building and the children no longer have to go out to an outhouse. There is an elevator, an adapted gym, an equipped kinetic therapy room.

Although the required physical infrastructure has been created, the required skilled staff are lacking (e.g. a kinetic therapist, a speech therapist). However, speech therapy services are provided by a skilled SAP therapist. The school psychologist schedules personal sessions with Ion. Moreover, support teaching staff have taken over certain functions of skilled professionals.

The children with SEN are involved in diverse extra-curricular activities together with other children (e.g. charity events to support retired elderly persons or children with SEN). The children with SEN are involved in diverse artistic activities to a similar extent with the schoolchildren without SEN.

Ion needs a special monitor on which he would be able to see and in particular to read better. Furthermore, he needs adapted materials (printed materials with larger print, special guiding slots for writing, books with board pages, special games).

CASE STUDY 5

Social-demographic information: Sex: Female; gymnasium class; Disability Type: Mental disability (mental retardation and speech disorder) and sensorial disability (poor eyesight).

Family composition and financial situation: Angela is living with her mother and father. Her father is working abroad and her mother takes care of the girl. The family’s financial situation is better than the average. They live in their own house. The girl was born as a long hoped for child.

Psychological, medical and social profile: Angela suffers from eye toxoplasmosis – a hereditary virus from her mother’s side; her mother’s vision has been impaired by it. She wears glasses, but not all the time on suggestion of her optician. The girl used to have speech problems, but they were resolved due to speech therapy sessions to which her mother was taking her. Angela was also diagnosed with mental retardation; she needs special care and attention.

Sometimes she has nervous fits and occasionally she can be aggressive (e.g. after she has been refused something). Angela’s nervous fits usually occur in situations where the girl is agitated or made to do something against her wish. Angela’s mother has consulted with a psychologist regarding the methods most appropriate for the education of children with problems similar to those of her daughter. Her mother has never considered her an ill person and has never treated her as an ill child. Her mother has learned to set certain goals for the girl as well as to impose certain obligations and limitations on her which are in line with the girl’s needs and possibilities. Angela has acquired the skill to manipulate people, profiting from her disability. Her mother is aware of that skill and experienced in avoiding such manipulations/not paying attention to them. Her mother does not indulge Angela’s every whim and has mastered other methods to interact with Angela. The girl is open with her mother and tells her everything that has happened to her.

Angela is extremely fond of small children and loves animals. She is very good at heart, not peevish or selfish in the least.

The girl is very orderly and tidy; she likes cleanliness everywhere and detests the mess other children make. Should she see some paper on the floor, she feels she has to pick it up and put into a wastepaper basket. She is very well-mannered.

Angela wants to become a bride and to be a doctor.

Development of independent living skills: At home, she helps to cook meals, wash up, Hoover, sweep the yard. She shops for foodstuffs. She can be resourceful (for example, when she cannot find an item she needs in a shop, she goes to another shop, etc. until she finds what she needs).

Angela has never been left alone. Each time her mother has to go somewhere for half a day, she summons a relative or a teacher to babysit Angela.

Schooling: Her mother makes an effort to give Angela proper education in addition to special care offered to the girl. As Angela could not speak when she was in her tender years, it was problematic to enrol her to a pre-school. There had been no problems with her enrolment to school. A parent of one of Angela’s classmates attempted to get other parents to sign a petition requesting that Angela be excluded from school because she could disturb other children and get in the way of their learning properly, but no other parent and no teacher supported that petition. When that happened, Angela’s mother wanted to take the girl from school, but the head teacher did not allow her to do so and Angela continued going to school.

Angela’s schooling is based on a PEI curriculum. Her schooling hours are usual school hours. The girl does not come to school only in case she has had a nervous fit at night, in particular a fit with convulsions. The teachers have suggested that Angela should come to school as late as the start of the second or the third lesson, but Angela’s mother has not agreed. Her mother has taught the girl to be independent and Angela comes to school and goes back home on her own. The walk to school takes 15 minutes. However, the mother follows the girl covertly and monitors the situation till Angela reaches the school building.

The girl likes going to school because she can communicate a lot with other children there, but she does not like some of the teachers. She never forgets an offence and is even able to exact revenge on the offender. Her teacher of French offended and abused her when she was in form 5. Till presently, Angela has been misbehaving and abusive at each lesson of French, practically disrupting the lesson and getting out of hand - and no one can do anything about that, even the girl's mother.

Angela is a very difficult person to work with. She wants to do only what she likes. One should be careful with her when she is nervous. She can only be convinced to behave when she does not have a nervous fit. The teachers who interact with Angela according to her rules are on friendly terms with her; she considers all those who do not want to adapt to these conditions to be her enemies. If she does not want to hand in her exercise book when requested, she should not be forced to obey or punished with a bad mark. She should be left in peace – and she would bring her exercise book later on own initiative.

She likes to be motivated to learn. If a teacher gives her a bad mark and enters it in her personal academic performance register, she no longer wants to come to that teacher's lessons. For that reason the teachers have stopped entering bad marks in her personal register and enter them only in the class register of academic performance. Neither does she like teachers who request too much of her. She is happy when no one shouts at her.

At school, she likes freedom to do what she wants. She may stand up and wander round the classroom during a lesson, but her classmates have become used to it and no longer pay attention to her. Her mother is trying to explain to her that school rules should be observed.

Due to her mother's insistence, Angela's aptitudes have developed with good results. The girl has a good memory, she can read (albeit not fluently), answer questions, discuss pictures, participate in a conversation of 2 or 3 other persons, write a dictation, recite poems with proper expressiveness. She likes to draw, to read, to do sums. Angela takes part in all school competitions of poetry and drawing. At the same time, she does not like it at all when she is forced to study. Her successes are also due to the efforts of her teachers.

The girl interacts very well with her classmates and tends to defend them in diverse situations. She has two good friends. Angela is lucky to have good classmates. There was an occasion when Angela was refusing to enter the classroom for a demonstration lesson and neither the teacher nor the support staff could convince her to do so. Then a classmate approached, took Angela by the hand and led her to the classroom. Angela obeyed without any objections. A major advantage is that the children forming the core of her class have been together since the start of primary school and she has been an integral part of that core group.

She likes going to the resource centre very much. She is extremely attached to the support teaching staff and they are a great help to her. She enjoys being in that centre. The girl used to be much more active during her primary school years and her mother was at school practically all the time for Angela to be able to adapt better. The achieved results were also due to direct collaboration between the girl's mother and the class's primary school teacher. Angela's performance has deteriorated since then because now different subjects are taught by different teachers; the mother is coming to school much less often, but gives major efforts to build Angela's capacity to face school on her own.

The role of FISM project in integration of the child in the schooling process: Mounting of additional sources of light over the class board and general refurbishments (floors, bridging) were very welcome. A very important measure was to install indoor WCs at school and to shut down the outhouse. The kinetic therapy room and the psychologist's room have been equipped very well and they are adapted to diverse requirements. But the school lacks a staff psychologist and speech therapist - although Angela is in much need of their services.

The teachers were delivered training on integration of children with SEN in mainstream schooling, on the modified curricula and in particular on the development of tailor-made tests.

CASE STUDY 6

Social-demographic information: Sex: Male; gymnasium class. Disability Type: Mental disability (retardation), speech disorders, physical disability/neuromotor disturbance (a pronounced tremor of hands), epilepsy..

Family composition and financial situation. Vasile was born to a family with a financial situation above the average. His mother is working in Turkey; his father is an engineer. The family lives in their own house. Vasile has a younger brother of 7 who has no disabilities. The boy’s grandmother assists with housekeeping in the household.

The boy is very happy when his mother comes home on holidays and suffers greatly when she has to leave again. The boy is uncontrollable and very excitable for two or three weeks after his mother’s departure and won’t behave.

Psychological, medical and social profile: Vasile is a very amicable person. He has no psychological barriers for communication; the boy can approach any stranger, extend his hand for a handshake and start a conversation. He is open with everyone and often plays with neighbouring children. He is always tidy, orderly and has a handkerchief with him at all times. Vasile is polite and amiable; he talks nicely with teachers and other schoolchildren. He does not like brutality or mischief. His short-term memory is quite good, but his long-term memory is limited. He becomes tired much quicker than other children.

Development of independent living skills: Vasile puts on his clothes and goes to school by himself. He helps his parents and grandparents with digging their plot of land, bringing water and firewood, doing other household chores. He gets tired very quickly because of his disability. Sometimes he tries to manipulate others pretending he is tired and does not feel well when he is only unwilling to do something. No one insists that he should do much at home because of his tendency to become tired quickly and his hand tremor.

Schooling: Vasile became a toddler later than other children and for that reason he started going to pre-school when he was already 5. Due to his parents’ efforts and insistency, he went through several recuperation stages and now he moves around much easier.

There had been no problems with Vasile’s enrolment to school. The boy started going to school at the usual age of 7. His schooling hours are ordinary school hours. He goes to school every day and studies on the basis of a PEI curriculum. He embraces little information during lessons and so the teachers give him additional individual lessons. Support teaching staff accompany him during lessons of basic school subjects. He has grasped what he should and should not do during the lessons. He knows he is not allowed to speak during lessons without being asked by the teacher. Vasile can endure all 45 minutes of the lesson without leaving the classroom.

He likes to visit the psychologist in his room. Sometimes he comes to tell the psychologist about the new interesting facts he has heard during the geography class. He is able to computer-type texts. He is still writing only in capital letters. He is very fond of attending meetings of the robotics hobby circle and likes to draw.

He has made significant progress recently: he can speak much clearer, do sums quicker, read better, retell a small text and give it a title. He is pleased when others praise him.

Vasile believes all his classmates are his friends. His classmates and other schoolchildren are tolerant in communication with him because they are aware of his disorders and problems.

The role of FISM project in integration of the child in the schooling process: The teachers were delivered training on integration in mainstream schooling. This training helped change their attitude to children with SEN, also leading to changes in the attitude of mainstream children. Additionally the school staff organized and held a number of educational lectures for the schoolchildren regarding problems of the children with SEN; as a result the kids have become much more aware and sensitive of the needs of such children.

The boy’s relations with his teachers are amicable on the whole. Initially some teachers used to be angry with him and there were some occasions of intolerant behaviour towards such children. Now everyone is calm and the teachers know how they should work with such children and behave towards them.

It is certainly difficult for the teachers to work with students with SEN, to develop a tailor-made plan of activities, to allocate time to each such child separately. That is why teachers are assisted by support teaching staff. Step by step, everything becomes arranged properly and teaching activities become consistent.

The teachers have shared their new knowledge with the village community, leading to beneficial changes in the general attitude of the public to this social process. Workshops were held separately for the teachers, for the teachers together with the parents and separately for the parents - with very good outcomes. Initially some parents stated they did not want Vasile to share a desk with their child and were afraid that their child would catch some infection from the student with a disability. There are no more problems of this type now. The villagers have started to watch over such children, have become more tolerant and indulgent; they see things in a different light, perceive personal problems of others differently and have a different attitude to other people.

Vasile's walking has improved after the installation of supporting rails; he can move about much more freely.

Each classroom is equipped with an interactive class board.

Vasile needs the services of a speech therapist and a kinetic therapist, but his school does not have such professionals on its staff.

Vasile is interested in engineering. He could work as an assistant to someone in some activity. He could assist his father in his work.

CASE STUDY 7

Social-demographic information: Sex: Male; gymnasium class; Disability Type: Physical disability.

Family composition and financial situation: Alexandru’s mother and two elder brothers (aged 20 and 24) are working abroad. The family member taking care of Alexandru is his father.

Alexandru used to do sports extensively. When he was in form 5, he lifted a weight heavier than he was allowed to lift, had a spinal cord injury and became immobilized. He underwent rehabilitation treatment and his health has started to improve. Some therapeutic equipment was installed at his place and he has been using it to do special exercises for his legs and feet.

Psychological and social profile: Alexandru is an educated, shy, well-developed boy very fond of sports. He is extremely ambitious, very courageous and strong-willed. Always smiling and joking, he keeps moving forward.

Schooling:

For one year after the accident which left Alexandru disabled, four teachers were visiting the boy at home and giving him individual lessons. He has very good relations with his teachers.

The boy’s classmates have been extremely supportive of him. He was embarrassed to appear in a wheelchair at school and did not want to go to school or even to meet with his classmates in such a state. He even told them not to visit him at his place. Notwithstanding this rejection, his friends continued visiting him and Alexandru managed to reconcile himself with the idea that they could still be friends even if he needed to use a wheelchair. Now he is always surrounded with other children in the corridor during a break. He has three good friends in his class.

Alexandru is disciplined and goes to school every day. When it is snowing and slick outdoors, he either comes to school late or stays at home because he cannot make it to school. But such occasions are very rare.

Each three months Alexandru has to undergo treatment for two weeks. Then he has to catch up with his studies by himself. He was schooled for half a year on the basis of a modified curriculum because he had academic deficiencies. Subsequently he switched back to a mainstream curriculum and managed to pass all his exams according to it. He was allowed to take additional time during exams.

His favourite school subjects are PE, informatics and biology. After classes he also goes to a local gym located not far from the school building and exercises his muscles there. He feels happiest in the gym.

The role of FISM project in integration of the child in the schooling process: General refurbishments were made at school. The school building is warm and clean; there is a WC adapted to the needs of persons with reduced mobility on each floor. The school has hot running water. Alexandru has a key to the WCs on all floors and finds them very user-friendly. He finds it very difficult to use the WC only during general interruptions with water supply, but such interruptions do not happen often.

Support railings were installed along the walls and at the stairs. Alexandru uses them to move about.

There is additional lighting at the board in all classrooms; it is possible to switch the lights on from 3 different positions. Separate rooms have been equipped for a speech therapist and for a psychologist. Professionals from SAP come to the school according to an agreed time schedule. Some furniture is still needed, but that issue will be solved step by step.

Implementation of FISM project included allocation by the school of a well-lit and equipped room for a resource centre and of a separate room for kinetic therapy (before that they had been one room). Before that room was opened, Alexandru had only been watching others during PE lessons. Now he also has a possibility to do something during PE lessons and to do some additional therapeutic exercises on top of that. The school’s medical nurse has taken a kinetic therapy course to be able to offer the required assistance to those who need recuperation. The kinetic therapy room has special balls, a flock bed and other things absolutely necessary for Alexandru’s therapeutic exercises. Alexandru’s father and the PE teacher were involved in arranging and equipping of the kinetic therapy room. The entire floor underwent adaptations. The changes in his school have made Alexandru very happy.

Alexandru is involved in diverse extra-curricular activities at school (such as monitoring school entertainment equipment).

The school still needs a better adapted gym and an elevator. Some other equipment is needed for the kinetic therapy room, e.g. a stationary bike, soft furniture for the lobby for Alexandru to be able to rest during breaks, a sofa for the kinetic therapy room.

The boy has not yet made any definite plans about his future. He would like to go on a visit to his brothers in the UK for a while.

CASE STUDY 8

Social-demographic information: Sex: Male; gymnasium class; Disability Type: Mental disability and epilepsy.

Family composition and financial situation: Daniel was born into a socially vulnerable family with a very poor social status and financial situation. Their living conditions are miserable. He is the only child in the family living with his mother and father – and the both parents have disabilities. His parents are occasionally hired for day-wage work. Daniel comes to school dirty and not cared after. Daniel assists with some household chores at home, cutting firewood, feeding farm animals, etc.

Psychological, medical and social profile: Daniel has frequent fits with convulsions (about twice a week) and is treated against them. He is aggressive because he has been brought up in an aggressive environment. He talks nonsense and sometimes spits at his classmates.

Schooling: The boy started going to school when he was 7. There had been no problems with his enrolment to school. Starting with form 5, he has been going to school in a nearby village. He rides there by school bus without an accompanying support person. During these bus rides he is aggressive towards other children, pushing them and calling them bad names. On one occasion Daniel called the bus driver bad names and then the driver stopped the bus, forced Daniel to get off and sent him home on foot. Because of his antisocial behaviour Daniel was sometimes beaten up and rejected by the boys who are his classmates. He interacts well with the girls in his class.

Daniel is schooled on the basis of a PEI curriculum. He attends all classes according to the mainstream timetable. He behaves during classes and does not make any trouble. Daniel does not come to school every day. He does not like lessons. He is bored because the material is too complicated for him. The teachers make special task sheets and adapted exercises, but they do not interest him. Moreover, he is embarrassed to answer the teacher's questions in front of his classmates. When he is asked a question during a lesson, he often begs the teacher to let him stay after the lesson in order to give his response then - rather than in front of all the other students. On the other hand, he is very fond of going to the resource centre. He feels relaxed there, recites poems and answers questions without any embarrassment.

Support staff are accompanying him to each lesson because otherwise he can become distracted with something on the way and not come on time, if at all. During lessons he does not have to be accompanied by support staff all the time. After classes he takes his textbooks to the resource centre. Daniel would like to take his textbooks home with him, but there is a serious risk that he will not return them in a good condition.

Daniel can read easily, but he is unable to retell the text he has read. He likes pictures because he embraces information easier on the basis of pictures. Daniel's illness is progressing. He used to be able to do simple sums with carrying and borrowing in maths, but now he is no longer able to do them. He can go shopping, but is not able to make calculations. He likes games such as puzzles, Meccano sets, drawing. He prefers to play with younger children because he is closer to them in terms of his psychological age.

The teachers are warm and friendly with Daniel, but only support staff assist him with embracement of new material. He is very attached to support teaching staff. There is a psychologist at school, but she does not concern herself with Daniel.

Daniel often skips his lessons and goes to the woodworking classroom where he likes to watch the teacher at work and can make diverse small objects by himself.

He is underfed at home. He receives free meals at school and likes school food very much. He would sometimes stand at the canteen door and many children would give him an apple, a banana or a biscuit.

Daniel is very happy when he is given presents. Daniel would like to be a tractor operator.

The role of FISM project in integration of the child in the schooling process: FISM project provided support to change the school roofing and to get the heating system repaired (it is warm at school now). Indoor WCs and supporting railings were installed and floors and doors were replaced in the building. These efforts have made the schooling environment more acceptable for all children, including students with SEN. The resource centre still needs adjustable tables and a wardrobe.

CASE STUDY 9

Social-demographic information: Sex: Female; gymnasium class; Disability Type: Mental retardation.

Family composition and financial situation: Ecaterina was born into a socially vulnerable family and is living with her mother and father. Her mother works as hired labour for some residents of the village from time to time; her father is working in Moscow. Ecaterina is very glad when the both of her parents are at home. She also has two half-brothers (aged 23 and 24) and a half-sister aged 15. Each half-sibling has a different father.

Psychological, medical and social profile: Ecaterina is a very communicable person. She is very tidy and invariably trims herself up every morning. She is responsible and makes her clothes and school books ready for the next day each evening. Ecaterina has problems with memorizing things and finds it difficult to study. She is fond of festivities (in particular the New Year Eve) and birthday parties. Ecaterina wants to become a hair and makeup stylist (to dress hair and to make others up).

Schooling: Ecaterina started going to school when she was 7. There had been no problems with her enrolment to school. Ecaterina lives not far from her school and comes to school on foot together with her sister each morning. She attends school every day. Ecaterina is schooled on the basis of a modified curriculum for three subjects. The girl cannot remember the multiplication table; she drops letters while writing, reads with difficulty, is not able to analyze information or make a synthesis. She likes applied subjects such as arts, music and basics of housekeeping. The girl has many friends at school. No one of her classmates would ever offend her. There are some other children with SEN in her class and so Ecaterina’s integration was easy. Ecaterina usually shares a desk with diverse classmates, including those with SEN. The girl is involved in group activities. Her relations with the teachers are very good. Her elder sister, her parents, her classmates sharing a desk with her and support teaching staff assist her with her studies. Sometimes she is assisted by the deputy head teacher who is a professional school psychologist and knows how diverse sensitive situations should be handled. Ecaterina likes to be motivated, praised and given good marks. She becomes offended if the teacher does not involve her in class work. She is a proactive person, wants to be involved in each activity and volunteers to respond even if she does not know a correct answer.

She is fond of going to the resource centre which she attends for her sessions with support teaching staff for 2-3 hours each week. Sometimes the support teacher assists Ecaterina during a lesson and helps her to embrace new information. She needs to be explained things several times and the explanation has to be adapted to her intellectual level. Ecaterina needs more time to embrace new information. The relevant support teaching materials are lacking.

The role of FISM project in integration of the child in the schooling process: Support railings were installed in the building and the school stairs were adapted to the needs of persons with reduced mobility within the framework of the project. Indoor WCs were installed in the school building. The resource centre room was refurbished and the centre became spacious and well-lit. The children are very happy about these changes.

Workshops were organized for all school teachers; they were taken to other schools on experience-sharing trips. Joint workshops were held for the teachers, the parents and the community administration representatives. The teachers were endowed with very good supporting manuals. The above actions have caused a change in the perception and attitude of the school teachers and mainstream students to students with SEN. Earlier the children who attended the resource centre used to be ostracised, but now they are treated similar to other children and this attitude has become a norm.

An elevator will be installed soon in the school building. It is needed for a boy who is currently schooled at home, but will be able to attend classes at least on some days after the elevator is installed. The young teacher whose leg has been amputated and the elderly teacher who has a problem walking after surgery and finds it very hard to go up the staircase will also benefit from the elevator.

It would help a lot if children attending the resource centre were given free meals as they are not able to stay long at the centre if they are hungry. The resource centre also needs specialized teaching props and consumables.

CASE STUDY 10

Social-demographic information: Sex: Male; gymnasium class; Disability Type: Physical (neuromotoric) and mental disability.

Family composition and financial situation: The family is middle-class, but its financial situation is very complicated. The parents have 5 children (the boy has a sister and three elder brothers). The mother does not work because she takes care of Sergiu. When the boy goes to school the mother has a little time for household chores. The father is taking odd jobs. The father is a hard drinker which causes diverse problems for the family. The boy’s grandmother provides some support to the household.

Psychological, medical and social profile: Sergiu is immobilized. He cannot stay in a sitting position by himself and can hardly keep his head up. He needs diapers when he is taken anywhere outdoors. The boy moves about a wheelchair donated to him when he was little. Now he is hardly ever using it because it has become too small and uncomfortable. He is obese and it is hard for his mother to carry him in her arms. The boy is amicable, well-disposed and not aggressive towards other children. Neighbouring children often come to visit him; in summertime the yard of their house looks like a pre-school playground. The boy’s mother often takes him to church. The parents bring Sergiu to a rehabilitation centre and to a health centre at regular intervals. Sergiu likes exercises in the swimming pool most of all and they are the most effective. Sergiu perceives only a limited number of persons surrounding him. His memory is weak.

Schooling: Sergiu started going to school when he was 9. He is only taken to school from time to time because the road is often impassable for a wheelchair. The situation used to be better when he was in primary school because his classroom was on the ground floor. Now his classrooms are on a higher floor and he only attends the resource centre because he cannot go up the staircase. His classmates come to visit him. Sergiu is happy when he is among other children.

The boy’s classmates have come to see Sergiu as an ordinary child because they have been explained that he is a child with disabilities, not a sick child and so he should be treated like other children. His classmates are very kind towards him. No one offends him.

Sergiu has also been scheduled for home schooling, but the boy does not want to see strangers and refuses to communicate with them. Only support teaching staff work with Sergiu. Moreover, it would also be inconvenient for the boy’s mother if strangers kept coming to their place. On top of that, Sergiu’s capacities are very limited and he does not need lessons of geography, French, etc. He is not able to draw logical conclusions or to make judgments and so his mother does not believe it would make sense to pay for the services of these teachers. What Sergiu needs is more communication. The boy likes a tablet and can use it by moving his fingers. His mother understands what he is saying, although others find it more difficult to understand him. He can count, repeat poems after other children and learn them by heart, greet others. Sergiu only does what he wants and likes, he has never been made to study. The boy is invited to school each time they put on a stage performance or have other extra-curricular activities.

The role of FISM project in integration of the child in the schooling process: Initially it was a torture to bring Sergiu all the way to school and inside the school building. Now an access way has been built and the territory in front of the school building has been paved; there are ramps enabling easy access for a wheelchair, including access to the gym (even though the boy cannot take part in sports activities) and to the school assembly hall. An elevator will be installed soon and the boy will be able to access upper floors and to attend classes with other children.

Sergiu needs the services of transportation between his home and school, of a speech therapist and a kinetic therapist. The school has rooms for kinetic therapy and speech therapy and for a psychologist with all the necessary equipment, but the relevant professionals are lacking.

FISM-organized two-week training delivered to absolutely all school teachers has had a major impact. The teachers were taught how to make a PEI curriculum, how to apply a participatory approach in work with students with SEN, how to assess such children’s performance, how to involve parents in work with children with SEN; they have received supporting materials regarding work with students with SEN. However, this training has been hardly of

any assistance in case of Sergiu and his schooling because his intellectual capacities are very limited. But the approaches taught during the above-mentioned course have produced very good results in case of the other children with SEN.

Sergiu's future only depends from the capacities and possibilities of his family where he can find support and comfort.

CASE STUDY 11

Social-demographic information: Sex: Female; gymnasium class; Disability Type: Physical disability.

Irina is living in a family of 3 - Irina, her elder brother and her mother. The girl's father is dead. The family's financial situation is difficult. They can hardly pay their expenses. The family's income source is the mother's occasional day-wage work on construction sites and the disability allowance of MDL 700. The other family love Irina very much and support her.

Irina's disability dates back to her puberty age. To be able to walk again, Irina needs a pelvic bone prosthetics surgery, which is very expensive considering the family's income. The girl's mother has approached the Orhei mayor's office and the ministry of health for the required funds, but without any success. Irina's classmates held a charity sale to raise funds for the girl's surgery. The raised amount was not sufficient to cover the surgery costs (MDL 160,000) and now they intend to hold a charity concert with sale of entrance tickets.

Irina is gentle and communicable. This disposition has facilitated her interpersonal skills. She speaks very well of her classmates and says they are friendly, supportive of others who are in need and she enjoys their company. A good day for Irina is any day when she gets a good mark.

She likes going to school very much because she has many friends there and can communicate with them daily; the teachers are good at explaining new material. However, Irina has been home-schooled since November as her illness has progressed and she is no longer able to move around. The teachers are very well-wishing and keep encouraging her. Sometimes her classmates help her with her homework. She misses greatly her school and classmates, the entire environment and attention given to her there. Irina's homeroom teacher speaks of the girl only in good words, praises her and calls her practically every evening. When Irina comes to school for diverse festive events, her homeroom teacher accompanies her on the way back home.

Irina is impressed with the changes at her school (thanks to FISM project). It has become much easier for her to use WC because it is indoors now; the school building is clean; it has got new nice-looking windows and support railings have been installed. An elevator will be installed in near future to make it easier for the children with physical disabilities to reach upper floors.

Irina has a dream - to undergo the surgery and to be able to return to school, to her classmates because she enjoys being there. She wants to go to university after school and to become an officer in an agency that supports people in difficult situations.

CASE STUDY 12

Date socio-demografice: sexul – feminin; gymnasium class; tipul dizabilității – intelectuală.

Olga was born into a socially vulnerable family; her parents are hard alcohol drinkers and swear a lot. The parents do not take care of the child at all. At some stage there was even a threat they would be deprived of their parental rights.

Olga has not attended preschool; when her mother wanted to enrol her there, pre-school administration refused to accept the child because the girl could not speak. At a later stage pre-school administration suggested to integrate the girl, but then it was the girl’s mother who no longer wanted to send Olga there.

When Olga started going to school, she was using lots of coarse language and had serious behavioural problems. The homeroom teacher has made huge efforts to teach the girl letters and digits. Olga has changed considerably since when she started going to school - she has become much more reserved in terms of using swear words and now she is trying to interact with other children in a friendly way. The support teaching staff are assisting the girl to embrace information in class as well as in the Resource Centre.

Olga has been involved in diverse developing and recreational activities at the Resource Centre (in addition to teaching sessions). According to Olga, *she likes attending the centre very much because it is a clean, nice and good place, the WCs are indoors in that school and one does not have to go to an outhouse.*

She also likes the mainstream school because she has friends there who help her with her homework. Olga would be able to make much more progress at school, if she was supported by her parents in her efforts.

The school has got a speech therapist who is also a practicing psychologist. He supervises the children benefiting from the resource centre, including Olga.

The workshops held and the training delivered for the teachers (including support teaching staff) within the framework of the FISM project have clarified the targets set for them and their roles in integration of children with disabilities into mainstream schooling.

Olga wants to become a doctor.

CASE STUDY 13

Social-demographic information: Sex: Male; gymnasium class; Disability Type: Mental (severe mental retardation).

Family composition and financial situation: Eugen is living with his mother and younger brother. The family's financial situation has aggravated considerably after his father's death. According to the boy's mother, the family's incomes come solely from the disability pension of MDL 450 and from about MDL 1000 she is paid as an allowance for care after a disabled family member. The boy needs permanent supervision and so his mother has applied to be employed as his personal assistant, but her application has been rejected based on the counter-argument that Eugen can move around by himself. Eugen's mother takes very good care of him, his clothes are clean and he looks well cared after.

The family lives in a two-room apartment rented from the regional council (regional public administration). The family has to pay MDL 500 as the monthly rent. The apartment is not furnished; they sleep on the floor. They do not have enough clothes or footwear. For that reason Eugen sometimes does not come to school (especially during wintertime).

Psychological, medical and social profile: Eugen can be violent and in such situations he is dangerous for the others. He undergoes annual treatment which helps a lot - Eugen becomes a calmer person after it. However, in most cases he becomes violent when he is provoked and wronged. He always tells the truth, although he has problems with expressing his thoughts properly. Eugen is diligent and ready to help others. He takes part in charitable events and activities together with the city's Young Guards (*the local children's and teenagers' association*).

He likes sports. He has been exercising a new activity – weight lifting - for some time about which he is very enthusiastic. The sports club he has been going to is not far from their home.

Eugen wants to be a football player or a boxer.

Schooling: Eugen was schooled at the placement centre in Pepeni for three years. He has been attending the lyceum in Sangerei since Form 4.

At school he often has to face a hostile attitude on the part of other schoolchildren and teachers. On multiple occasions, he has been provoked into violent behaviour. There have been some occasions when he was called a fool and an idiot or even hit by other schoolchildren. On some other occasions (especially during class tests) his classmates asked him to be noisy and promised to give him something nice in return. The teacher had to tell Eugen to go out. Eugen does not tolerate any injustice and for that reason he can sometimes be aggressive towards the children who have offended him. Typically it would be Eugen who is blamed for the incident in such situations. There have been some occasions when the boy was asking his mother's permission to stay at home because he did not want to be *someone's fool*. The person defending Eugen in diverse situations is the head teacher. At the same time, some teachers have been telling during an interview that Eugen can be violent and misbehave sometimes (at least in terms of using bad words) even without being provoked, i.e. that such behaviour is his way of interacting with others. However, Eugen has succeeded to make some friends at school.

Eugen is calm during classes if someone (his mother or support teaching staff) is with him, but the school has only three support teaching staff and not one of them can be with the boy all the time - and his mother is no longer allowed to assist him during all classes.

Eugen has made some successes at school. His speech has improved; he is able to do sums in maths now with figures of up to 1000, to write and to draw pictures. The resource centre is a place where Eugen is relaxed and performs all tasks to achieve the goals set for him. Eugen's happiest day at school was the day on which the resource centre was opened. He likes attending the centre very much as that is a place where he is calm, others assist him with his homework and he can make diverse things such as fir trees and flowers of coloured paper.

The role of FISM project in integration of the child in the schooling process: A major benefit from FISM project was training delivered to teaching staff (including support staff) to make them understand the importance of integrating children with disabilities in mainstream schooling and the role of each of them in that process.

CASE STUDY 14

Social-demographic information: Sex: Male; gymnasium class; Disability Type: Mental (moderate mental retardation).

Stefan is living in a family of 4 - his parents, his elder brother and Stefan. His elder brother works in Moscow; his father takes day-wage jobs and his mother stays at home. The family is currently making efforts to stabilize its financial situation that has been teetering since the mother’s recent surgery. The boy is clean and looks well cared after; his clothes are tidy.

Stefan has been going to school from form 1. His academic successes used to be better during primary school, but the material has become more complicated since. Moreover, his mother was in hospital for a long time for her surgery and subsequent recuperation and thus absent from home so she could not assist Stefan with his homework during that period and his academic performance has deteriorated.

Stefan goes to school willingly and tries not to be absent without a valid reason. His schooling can be assessed as successful considering his intellectual capacities. Support teaching staff assist and help him during classes, and his mother assists him at home. His mother is very grateful for all the efforts and additional work with her son. Stefan’s most unhappy day at school was when he was not able to pass his test in Romanian.

During *Integrated Education Week* event held at his school, Stefan performed a modern dance with four girls from his class. His performance was a great success. Nobody had any idea that the boy could dance so well.

Even though general acceptance of children with disabilities has improved at his school, there have been some occasions when other schoolchildren offended Stefan (and even beat him up). Some teachers working at his school are still of an opinion that children like Stefan should be schooled separately in specialized establishments.

The implementation of FISM project has brought forth certain important changes in school infrastructure - it has become clean, nice and warm. The children have got a WC installed indoors (by the project) and no longer have to go to an outhouse – in particular when it is cold outdoors. Stefan likes these new conditions. He has even commented to his mother that the children seem to have started wearing better-looking clothes after these refurbishments.

Another important aspect of FISM project in integration of the boy in mainstream schooling is training that has been delivered to the teachers regarding the necessity to ensure integration of the children with SEN in mainstream school education and to hold awareness-raising activities for the schoolchildren regarding the children with disabilities.

Asked what he wants to be when he grows up, the boy said in a very resolute way that he will go to Moscow to his brother to earn money for the family in order to support their mother in hard times.

STUDIU DE CAZ 15

Social-demographic information: Sex: Male; gymnasium class; Disability Type: Mental and severe physical disability.

Psychological, medical and social profile: Viorel (most people who know him use this affectionate diminutive form of his name) is a responsible and obedient boy who always tells the truth. He likes tidiness and all his things – his bed, his clothes, his schoolbag - are very tidy. His schoolbag is the tidiest in class.

Family composition and financial situation: Viorel is living in a boarding school for orphans and children lacking parental care in Straseni. He has an elder sister – the only person who comes to visit him sometimes. These visits have been very rare and on many occasions they have only taken place on the insistence of the boarding school administration that wanted to keep the link between the siblings alive.

Schooling: The boy likes going to school. He is only absent from school when he has health problems, but each time he is waiting impatiently for a permission to resume his schooling. Viorel is very happy on the days he is given a good mark and demonstrates a proactive attitude during his classes. He interacts well with all his classmates and they treat him kindly. He has friends in his class. The teachers are benevolent.

Viorel is taken to school by a boarding school teacher. He moves by himself from classroom to classroom. He is not noisy during classes. Viorel stays at school till 13.00 because he becomes very tired if he stays longer. He is schooled on the basis of a modified curriculum (PEI) and attends the resource centre. Here he does lots of things: cognitive development activities and learning interesting facts about the surrounding world; activities aimed to improve his learning capacity and attitude; cognitive therapy. Next to these activities, he does his Romanian exercises and sums for his maths. He is assisted in the classroom during the other classes which he takes together with his classmates. He likes coming to the resource centre because it is a nice-looking, good and warm place. He likes to draw and to do puzzles. The resource centre is a place where Viorel can relax physically and mentally whenever he needs that.

He does his homework by himself. Viorel knows letters, but cannot write his name; he can read syllables and has even started reading whole words. He can add and subtract up to 10. He has problems with concentration and his short-term memory. Viorel is assisted by support teaching staff and by a boarding school teacher with whom he interacts very well. He is fond of drawing and music. Viorel sings at diverse festive events at school. He wants to learn to sing to the accordion.

Viorel wants to become a builder and to build houses.

The role of FISM project in integration of the child in the schooling process: Supporting railings have been installed at school under FISM project. Due to these railings Viorel can reach his classrooms upstairs. He used to need assistance to go up to the first floor, but now he can do it himself; his classmate from the boarding school who goes to the same school with Viorel carries the boy's schoolbag while he is going up the stairs.

Another important aspect has been the training delivered to the teachers to assist them in work with children with disabilities. Support teaching staff have been able to perform their tasks and functions better. Moreover, some awareness-raising activities have been targeted at the parents of children with disabilities to make them aware of the importance of integrating such children in mainstream schooling. Facilitating conditions have been created to make this process easier, to achieve better results from work with such children. There is a psychologist's room, a speech therapy room and a kinetic therapy room in the school. The resource centre will soon be equipped with a board and supporting didactic materials.

CASE STUDY 16

Social-demographic information: Sex: Female; gymnasium class; Disability Type: Mental (mental retardation).

This case study has been produced on the basis of the information received from Victoria’s mother, support teaching staff and classmates. Victoria has refused to speak with the survey operator because he is a stranger.

Victoria is a kind and open-hearted girl greatly attached to her mother who is fighting for her daughter’s integration in the society.

Victoria used to attend a mainstream preschool and that has contributed a lot to make her disposition open to communication with other children.

Some of Victoria’s current classmates used to be her preschool classmates. Due to that circumstance she has been accepted by her current classmates and integrated in her class successfully. There are some children who tease her, but most classmates provide assistance and support and are kind to her.

According to the girl’s mother, not all teachers are yet prepared to work with children like Victoria and some find it hard. Some parents did not want Victoria to be allowed to go to school together with their children because they believed she was distracting other children. On some occasions Victoria’s behaviour can actually be a problem and it has affected the teaching process in her class many times: she may stand up during a lesson, take other children’s things and refuse to give them back; she may become aggressive, if provoked. No one should offend her because that may cause a fit with convulsions. There is still an opinion around that such children should be kept separate in a special group.

Victoria can write by hand and in print letters. She can write her name and count. Her visual memory is good. She remembers what she did the day before and continues the interrupted activity when she comes to the resource centre. In the centre she interacts with other children and likes that very much. Victoria can also be prevailing - she will not do any things to which she is indisposed; on some other occasions she refused to go home before she completed the task given to her at the centre.

Sometimes Victoria does not want to go to school because she does not like to get up early.

Victoria has major problems with expressing her thoughts and speaking properly. Her parents have approached a speech therapist in Chisinau to work with Victoria. These sessions have brought forth some visible results: Victoria has started articulating some sounds she had not been able to articulate earlier. But such sessions should continue. The girl’s mother is hoping that the school or the resource centre will employ own speech therapist.

Due to FISM project the school can offer very good conditions, making the schooling process comfortable for all children. The resource centre rooms have been refurbished. It has been promised some additional didactic materials to make work with children with SEN easier. Access ramps and staircase railings have been installed. Moreover, indoor WCs have been installed on each floor and the children no longer need to go to an outhouse in cold weather.

CASE STUDY 17

Social-demographic information: Sex: Female; primary class; Disability Type: Physical (a severe case of cerebral palsy)..

Psychological, medical and social profile: Mariana is a child with whom one would like to talk on end; she is intelligent, very well informed, optimistic and full of life; she emanates positive energy. It is a great pleasure to talk to her. Her judgments are mature; she gives firm answers and is sure of what she says. Mariana is of a sociable disposition and encourages other children when they have problems.

Family composition and financial situation: Mariana is living in Ciuciulea village. Her mother is dead and she has never known her father. She stayed in a placement centre in Chisinau for a while after her mother’s death. Presently she is living in the family of a professional parental assistant in her home village. The new family has received Mariana very well. They treat her similar to their other children, spoil her with presents and love greatly. But the family’s financial situation is difficult.

Schooling: Mariana was enrolled to school in form I. She was home-schooled during the first two years (forms I and II) and has been going to school since form III. Mariana goes to school 2-3 times a week. She cannot go to school every day - although she would like to do that very much – because the road is bad and the family has no minivan adapted for a person with a disability. Mariana attends school in a neighbouring village. Her dream is to have an electric wheelchair-cart she could use without disturbing her new mother and then her mother could wait for her with a hot meal when she comes home from school.

Mariana has academic deficiencies because she is frequently absent from school. She is in form IV, but she is schooled on the basis of a curriculum for form III. Her homeroom teacher and classmates assist her in school and the professional parental assistant supports her at home with embracement of new material.

Support teaching staff play an important role in the process of integration in mainstream schooling: they engage the children attending the resource centre in diverse activities such as cognitive development, play therapy, development of manual dexterity, etc. Visits to the resource centre cause major behavioural changes in the children with SEN and/or with disabilities: they become friendlier and more responsible in their interaction with one another. Positive changes have been registered in their capacity to embrace school material.

Mariana interacts well with her classmates. Her kind disposition has made her integration in mainstream schooling much easier. She has never experienced any tensions at school. She takes part in all festive events in her school and likes her school very much. For her, that is a place where she is surrounded by friends and well-wishing classmates.

Mariana wants to become a writer and to write poems and novels.

The role of FISM project in integration of the child in the schooling process: The new infrastructure created at school is of great use for Mariana. Now her school has got an access ramp and support railings; high thresholds have been removed from all doors and it has become easier for Mariana to enter the classrooms. A lift will be installed in near future, enabling her to access higher floors. It has become easy for her to use the WC. But the school is still lacking skilled professionals on staff, such as a speech therapist and a kinetic therapist.

CASE STUDY 18

Social-demographic information: Sex: Female; primary class; Disability Type: Physical (infantile paralysis with a pronounced case of limb tetra-paresis)..

Family composition and financial situation: Veronica was born into a socially vulnerable family; the both of her parents are heavy drinkers. The family’s financial situation is hard. Only her father is working (taking day-wage jobs) and the mother stays at home to look after the children. When they have no more money, they take diapers (Veronica needs them all the time) and other products on credit in the local shop.

Psychological, medical and social profile: Veronica is a sociable person and fond of communicating with others. At the same time she is stubborn, lazy and weak-willed and these traits of hers hinder to embrace school material better.

Schooling: Veronica lives close to school and does not need transport to get there. Her mother takes her to and from school.

At school, she fit in easily and initially had no problems interacting with her classmates. However, with time, when they became older, her classmates started avoiding her because of her poor personal hygiene. Veronica has no friends in her class. The child with whom she plays most often is her brother who is two years younger than her. Her saddest days are when the other children mock her and do not want to play with her. She would like to stay at home if she had a possibility not to go to school.

Although certain academic progress has been registered, it is very insignificant. She used to be more responsible when she was in forms I and II, but now she no longer wants to work and make an effort. For that reason, Veronica has only succeeded to embrace material at the level of form I curriculum.

Veronica also attends the resource centre. She likes to be taken there because she can play, write, do sums and draw at this place. Having completed her tasks, she likes watching cartoons on computer.

Veronica wants to become a sales girl.

The role of FISM project in integration of the child in the schooling process: FISM project has contributed greatly to awareness-raising of the teaching staff regarding the importance of integration in mainstream schooling and the methods of doing that.

The project also included an awareness-raising component for the parents of children with and without SEN regarding integration. Initially the parents of mainstream children used to have a very reserved attitude and even to resist integration of children with disabilities. The situation has improved after a number of sensibility and awareness-raising sessions. At the same time, the parents of some children with disabilities did not want to send them to a mainstream school. A reference to their obligations was necessary in their case – especially considering that most of such families are socially vulnerable and heedless of the need to school their children.

The children with disabilities have benefited from the efforts to ensure them physical accessibility to the school building. For example, Veronica can move by herself along the school corridors due to the removal of high thresholds. She is very proud and happy to be able to move around by herself.

The school still needs some professionals (a speech therapist and a kinetic therapist). The resource centre needs an overhead projector, a TV-set and a photocopier as well as specialized teaching materials adapted according to the child’s age and disability type.

It would be very beneficial for the children with disabilities if authorities could arrange for them a trip to a rehabilitation treatment centre/home at least once a year where they could benefit from advisory services of the relevant professionals and to take part in rehabilitation sessions.

CASE STUDY 19

Social-demographic information: Sex: Male; gymnasium class; Disability Type: Mental (Category 1 deficiency of the central nervous system with epileptic fits).

Family composition and financial situation: Dumitru is living in a family of four – his parents, Dumitru and his younger brother. The family’s financial situation is difficult. The mother works, but the father – a former policeman – had to retire after reaching the allowed age limit. The social allowances and assistance granted to the family are not sufficient for decent living.

Psychological, medical and social profile: Dumitru is a sociable, educated, diligent and active boy who can be impulsive at times. He needs permanent attention and support.

Schooling: Dumitru was home-schooled during his primary school years. According to the interviewed persons, that has impeded subsequent progress with the development of the child. The boy goes to school at present.

The boy comes to school three times a week, each time for two hours, and goes to a rehabilitation centre on the other days. Dumitru often requests his parents to take him to school rather than to the rehabilitation centre.

He likes being at school because he can meet other children, make friends and communicate. Sometimes he runs to the classroom to greet his classmates. When asked what he would do if his parents were no longer able to take him to school, Dumitru said he would certainly come to school because he lives not far.

The boy attends school only for the classes that do not require major mental concentration. He is present in class during drawing and singing lessons and is taught all other subjects at the resource centre where Dumitru also benefits from the services of a kinetic therapist. Support teaching staff, the arts teacher, the choir conductor and the kinetic therapist assist the boy with his learning.

He knows letters, but forgets them some time later, especially after school vacations. He cannot write his name, but can copy it. He can count up to 20 and do sums up to 10 in maths.

His classmates accept and support him. His parents have played a major role in the process, making maximum possible efforts to ensure that their child becomes socialized and integrated in the schooling process.

Dumitru wants to work as an excavator operator. His mother would like him to be taught the necessary minimum knowledge – to read, to write and to do simple sums.

The role of FISM project in integration of the child in the schooling process: With assistance of FISM project, the teachers have understood the importance of integrating the children with disabilities. The mainstream schoolchildren have become more sensitive, supportive and understanding in respect to the children with disabilities. A major strength of the project is that it makes all players responsible for the integration understand the advantages of the process: the child with a disability lives in the family and is a part of the society and the society learns to accept and to understand such persons.

Due to the project, the school has got access ramps so necessary for wheelchair users. A lift will be installed soon to help them access upper floors. The opened resource centre offers a possibility to engage in individual and group activities. There is a speech therapist, a psychologist and a kinetic therapist at school. Closed circuit video cameras with movement sensors will also be installed. Last but not the least, indoor WCs have been installed in the school building and the children no longer need to go to an outhouse.

The needs that have not been covered include lacking teaching materials and materials for work with autistic children (an autistic child was enrolled to school this year).

CASE STUDY 20

Social-demographic information: Sex: Female; gymnasium class; Disability Type: Mental and physical (problems with phrasing her thoughts; congenital malformation of the both legs).

Family composition and financial situation: Xenia is living in a family of four - herself, her younger brother, her mother and stepfather. Their financial situation is relatively good. The girl's mother works as a hairdresser.

Psychological, medical and social profile: Xenia is a positive and amicable person, may start hugging others for no reason. Her independent living skills are well developed.

Xenia wants to be a singer because she likes to sing very much.

Schooling: Xenia likes going to school. She is schooled according to a simplified curriculum. She takes her lessons of maths and Russian only at the resource centre. She also comes to the centre after classes every day to do her homework. Support teaching staff work with the girl at the resource centre. They help her to embrace the minimum required scope of knowledge that will be useful in her life: ability to read, to write, to count and to engage in other activities that involve intellectual development.

Her classmates used to be kind to her till in forma IV, but now they are mean to her, offending and sometimes even hitting her. Xenia goes to the homeroom teacher and complains, begging her to do something. The homeroom teacher speaks to the schoolchildren and then they leave the girl alone for some time. Xenia is in tears practically every day.

The teachers find it harder to interact with her because Xenia sometimes stamps her feet or stands up from her chair and thus interrupts the lesson. In such situations the teachers find it difficult to recapture the attention of the children, especially when they teach some new material. Moreover, it can be frustrating to work with some children with disabilities when one believes one has achieved something and it turns out in a couple of days that the child no longer remembers anything and one has to start anew.

The role of FISM project in integration of the child in the schooling process: Everyone – and especially the children with SEN - is happy about the repairs and changes in the school building. If this school has students using a wheelchair, they will be able to move around without any problems. The WCs were repaired.

As part of FISM project, the teachers were delivered training and participated in a number of workshops. That has been very helpful to them in their work and has improved their understanding of such children.

FINDINGS FROM CASE STUDIES

Most of the children with disabilities are happy to go to school because that is a place where they can communicate and make new friends. They go to school on regular basis and try not to be absent without a valid reason. The probability of absence from school is higher in case of the children using a wheelchair because the road to school can become impassable at times.

Most of the children with disabilities study on the basis of an adapted curriculum. They are assisted in the embracement of school material by support teaching staff and also by their other teachers and classmates.

The situation has improved in terms of integration of the children with disabilities in mainstream schools: mainstream children have become more friendly and open for the communication and interaction with children with disabilities and more sensitive to the needs of such children; the teachers are now more disposed to accept children with disabilities in their class and know how they should work with such children, assisting them during their lessons. The parents of mainstream children have become less opposed to having a child with a disability in the same class with their child. At the same time, there has been an increase in the number of the parents of children with disabilities who are willing to send their child to a mainstream school. These results were achieved due to training that covered the teachers and the parents of the children with and without disabilities - as well as to a number of awareness raising activities targeted at the above stakeholders and at mainstream schoolchildren.

The infrastructure of the concerned schools has improved considerably. The school buildings have been repaired, access ramps have been constructed, supporting railings have been installed on the staircases and in school corridors, thresholds have been removed from the door frames. Indoor WCs have been installed in the school buildings and the children no longer have to use an outhouse. It is warm inside schools in wintertime. All those changes have been highly appreciated by the discussion participants. An elevator is expected to be installed in each school building that has more than one floor in order to facilitate access to the classrooms on upper floors to persons with reduced mobility (students as well as teachers).

The recourse centres have been/will be equipped with materials and equipment necessary for work with the children with disabilities. An important finding is the one concerning changes in the general perception of and attitude to the children attending the resource centres. In some communities these centres are no longer perceived as special establishments for children with disabilities, but thought of as a facility for all schoolchildren. As a result, going to the resource centre is no longer perceived as a disgrace.

Another highly appreciated aspect is establishment of the speech therapy and kinetic therapy rooms within the resource centres. However, skilled personnel for provision of the services in such rooms are lacking practically in all communities. In some schools, speech therapy and kinetic therapy services are provided by SAP experts.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

School infrastructure

Due to the implementation of FISM Project activities, the infrastructure has improved considerably in project schools and was adjusted to the needs of children with disabilities; it is by far much more superior than the infrastructure of the reference schools: access ramps at the entrance and inside the school building, support railings for the ramp, repairs to the main and auxiliary doors, indoor support railings, interior refurbishments (in particular of the resource centre rooms and the psychologist’s room), adapted WCs, replaced floors, improved grounds, etc. However, not all infrastructure-related issues have been solved even in all beneficiary schools: the required railings were not installed in some schools; some work was not finished and the work quality was not always adequate (there were some cases of detected defects).

Moreover, the problem of transportation of the children (especially with an adapted bus) has not been solved; the same applies to poor quality of the roads in rural areas which is a major obstacle to school trips for the children with physical disabilities, in particular in bad weather.

The issue of technical equipment for the schools has also been resolved only in part: many schools have got no secure furniture and no sufficient props and tools for teaching all children with disabilities, irrespective of their disability category.

In the project schools the teachers were trained sufficiently amply to be able to respond to the needs of children with disabilities, but their continuous advanced training in theoretical and practical aspects is necessary to build teaching capacities for inclusive education of children with SEN. Last but not the least, financial incentives are important to support teaching staff in their commitment to make additional efforts.

Although the situation with availability of auxiliary personnel has improved in the project schools, the situation is still complicated in terms of the availability of skilled professionals (psychologists, speech therapists, teachers for the day-care centre after classes for children with SEN, kinetic therapists, etc.). The current problem is that proper working conditions have been created for the professionals (the relevant rooms have been refurbished and equipped), but there is a risk that they will not be used because of the lack of skilled professionals. The problem of insufficient technical staff has added to the problem with the lack of skilled professionals.

The existing local social services (community centres, artistic creativity centres, resource centres for children and teenagers) are not sufficient to facilitate integration of all children with disabilities in mainstream schooling.

General situation of the children with disabilities and special educational needs

According to the available statistical data, the highest percentage of children with disabilities attending schools are children with mental disabilities; they are followed by children with physical disabilities, and children with sensorial disabilities account for a minor portion. Most of the children with disabilities or with SEN are boys.

Most children with disabilities going to mainstream schools are children with physical or sensorial disabilities who depend on the infrastructure enabling their access to and inside school buildings.

The impact survey (as well as the baseline survey) faced the problem of inconsistencies in the data reported by the same decision-makers concerning different indicators. The cause of this problem is either lacking competence to make proper calculations or the lack of a common basis for the calculation of all indicators – or both. In that context, vertical and lateral collaboration among public authorities would play an important role for capacity building to a level sufficient to ensure adequate quality of the reported data as well as their collation and reporting on the basis of common definitions, indicators and calculation basis. An optimal solution would be to establish a unified electronic register for all public services involving reporting of the children with disabilities and/or SEN.

Although integration of children with disabilities in mainstream schools started some years ago, not all social stakeholders are aware of the importance and gravity of this problem or get involved with promotion of inclusive

education to a sufficient degree. More specifically, most communities have not included the problem of integration of the children with disabilities in their local development strategies.

Particular problems of the children with disabilities vary depending on the disability type: children with physical and sensorial disabilities face in particular transport-related problems and problems with movement about the school building, whereas children with mental disabilities have problems that concern embracing of school material, interaction with their classmates, integration in a mainstream class and lack of friends. The activities/measures aiming at integration of children with disabilities in mainstream schools should focus in particular on these two aspects – while keeping in mind that the natural difficulties with embracement of school material faced by children with disabilities should have no adverse impact on the mainstream children without disabilities.

Attitudes and practices

Most respondents correctly understand and interpret the term ‘inclusive education’ as integration of children with disabilities in mainstream (ordinary) schools alongside with children without disabilities. Differences have also been noted between the respondents in the project group and those in the reference group in terms of their awareness, perceptions and attitudes. The former group practices the approaches which are closer to the inclusive education principle.

The social stakeholders involved in/responsible for the process of integration in mainstream schools understand and acknowledge the benefits of inclusive education for the children with disabilities and for the community in general.

The advantages of inclusive education are one of the reasons for which most parents taking care of children with disabilities would like them to attend a mainstream school. However, the situation is absolutely not certain regarding continuity of the inclusion process in respect of the children with disabilities after their mainstream schooling is over – especially in case of the children with mental and sensorial disabilities.

Based on own knowledge and experience of interaction and contacts with children with disabilities, an absolute majority of the respondents characterized them as generally ready to help others in need, similar to other children, sociable, not violent and not dangerous. At the same time, the extent of interaction between children with and without disabilities is still very low.

The extent of acceptance of the children with disabilities in mainstream schools is higher in case of physical disabilities and considerably lower in respect of mentally challenged children. At the same time, the level of acceptance of the children with disabilities has grown considerably during the last two years in the project communities as well as in the reference communities.

The survey has revealed differences in the attitudes of the parents who have and who do not have children with disabilities. Thus, the latter group are still advocating segregated schooling more often. On the other hand, a comparative analysis of the results obtained during the baseline survey and the impact survey regarding the attitudes for or against integration in mainstream schools has demonstrated that the reserve of all local stakeholders has been decreasing in the project communities with the exception of the parents who have children with disabilities (from 20% to 25%) and of the children with disabilities themselves (from 15% to 28%).

Children with disabilities continue to be exposed to multiple risks in mainstream schools and in particular to abusive language and physical violence, discrimination and marginalization.

Even though they have received training in diverse areas, the school personnel as well as other stakeholders responsible for integration of children with disabilities in mainstream schools claim they need additional training for work with families and children with disabilities. The topics mentioned as being of particular interest were: collaborative methods in work with the parents taking care of a child with a disability; teaching approaches and procedures; teaching and communication with children with disabilities; involvement in extra-curricular activities; the specific features of each disability type.

Perception of the activities implemented as part of FISM project

In the project communities, FISM Project is perceived as a very important driver which has been a major contribution to improvement of the inclusive education process. The level of satisfaction of direct and indirect beneficiaries in the community with the activities implemented as part of FISM Project is very high (4.5 out of the

maximum of 5). The average satisfaction level has grown from 2.9 (reflecting the situation before the Project) to 4.7 regarding *school infrastructure* and from 3.0 to 4.4 regarding *availability of materials/equipment for teaching and participation of the students with disabilities in school life*. A satisfaction level close to the maximum possible (4.7) was registered regarding *teaching and learning methods*.

Recommendations

1. Adaption beyond mainstream school level of the social policies necessary to ensure a comprehensive and long-term integration process and to focus the inclusion process on personal needs of each child (creation of optimal conditions in the family; adequate medical support in emergencies; ensuring a parental assistant; additional worktime after classes; specialized professional training programmes);
2. Consolidation of the school infrastructure in accordance with the needs of children with disabilities;
3. Provision of specialized vehicles adapted for transportation of children with disabilities and improvement of the local road infrastructure;
4. Continuous professional development (training) of teaching staff to satisfy the requirements of inclusive education;
5. Continuous professional development (training) of specialized support staff for the inclusive education process (psychologists, educational psychologists, speech therapists, support teaching staff);
6. Consolidation of partnerships among teaching staff, specialized staff and parents of the children with disabilities for more effective support of the inclusive education;
7. Diversification of the forms for involvement of the community and families in the implementation of inclusive education;
8. Continuous awareness-raising work with broad public to change their attitudes and to improve acceptance of the children with disabilities;
9. Provision of the equipment, furniture and teaching materials adapted to the needs of teaching children with disabilities;
10. Establishment of viable financial arrangements to support inclusive education;
11. Establishment of efficient monitoring tools to monitor implementation of inclusive education in schools;
12. Building of the capacity to gather and collate data concerning children with disabilities and with SEN, and in particular introduction of clear and approved definitions, criteria and variables to be used in the process of inclusion and classification in diverse groups of the children with disabilities and SEN, including sanctions for unprofessional and irresponsible reporting;
13. Creation of unified electronic registers for all stakeholders involved in data gathering.

ANNEXES

List of target and control school institutions by locality and raion

Raion	Locality	School institution – TARGET GROUP	School institution – CONTROL GROUP
Drochia	Town Drochia	Russian High School Nr. 3	High School "Mihai Eminescu"
Râșcani	Village Nihoreni	High School "C. Popovici"	
	Village Corlăteni		High School
Glodeni	Village Cuhnești	High School	
	Village Cobani		High School
	Village Balatina	High School	
	Village Hâjdieni		High School
Sîngerei	Town Sîngerei	High School „Olimp”	High School „D. Cantemir”
Telenești	Village Mândrești	High School “D. Cantemir”	
	Village Sărătenii Vechi		High School “Vasile Anestiade”
Orhei	Village Susleni	High School “Vasile Lupu”	
	Village Peresecina		High School Alexandru Donici
	Town Orhei	High School “Alec Russo”	High School „I.L. Caragiale”
Ungheni	Village Mănoilești	Gymnasium	
	Village Unțești		Gymnasium “Vasile Vasilache”
Nisporeni	Village Boldurești	Gymnasium	
	Village Bratuleni		Gymnasium
	Village Seliște	High School	
	Village Grozești		High School
	Village Iurcenii	Gymnasium “Grigore Vieru”	
	Village Bursuc		Gymnasium
Hâncești	Village Sărata Galbenă	High School “Universum”	
	Village Lăpușna		High School
	Village Leușeni	High School “Cezar Radu”	
	Village Cioara		High School “Sergiu Andreev”
Strășeni	Town Strășeni	Gymnasium “Mihai Viteazul”	
Ialoveni	Town Ialoveni		Gymnasium "Grigore Vieru"
Cimișlia	Village Gradiște	Gymnasium	
	Village Hirtop		Gymnasium
	Village Lipoveni	Liceu internat cu profil sportiv	
	Village Gura Galbenă		High School Hyperion
Leova	Village Filipeni	Gymnasium	
	Village Sărata Nouă		Gymnasium
Ștefan Vodă	Village Olănești	High School “B.P. Hașdeu”	
	Village Slobozia		High School "Al. cel Bun"
UTAG (Gagauzia)	Village Avdarma	High School “D. Celenghir”	
	Village Congaz		High School