

Creating Financing and Governance Preconditions for Inclusive Early Childhood Development and Education Systems: Latvia, Serbia, Bulgaria, Ukraine, and Lithuania



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Cover photo: Lithuanian children draw together. Taken by Rasa Vilutiene.

Executive Summary

Between 2010 and 2013, the 'Enabling Childhoods' initiative of the Open Society Early Childhood Program¹ (ECP) sponsored studies in five Central and Eastern European countries to document the transition in structural elements of their early childhood development and education systems as they sought new approaches to support the inclusion of children with special educational needs. The aim of these studies was to document barriers and enabling factors that influence the effectiveness of systems to support inclusion of children with special needs and their families as valued members within mainstream society. This introduction provides an overview of the country studies and their context. The results of each of the five studies are summarized, and conclusions and recommendations set out, which seek to bring together emerging learning from these diverse contexts.

¹ The Open Society Early Childhood Program (ECP) promotes social inclusion of children with disabilities, through early investments in early childhood intervention and inclusive education and development services. It recognizes the importance of providing all children from the prenatal period onwards with optimal nutrition, health care, nurturing, development, and education supports to enable their full participation in society.

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The country case studies included in this summary report are based on reports researched and prepared by teams of researchers from five participating countries.

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Preface

This report is intended to share the learning from the five European countries (Bulgaria, Latvia, Lithuania, Serbia & Ukraine) that have embarked on the journey to transform their finance and governance systems for children with disabilities and special educational needs with the aim to support more 'equitable' models of domestic financing in education. The paper also aims to contribute to the broader debate around financing and governance of inclusive education and it outlines various policy options and interventions and provides relevant information on factors contributing to and impeding the creation of supportive financing and governance approaches and mechanisms, which are appropriate for the region, and beyond. The purpose of the present exercise is to assist in the growing commitment to educational reform by examining the various factors at play in different countries, build up a better understanding of how these factors work in practice and in different contexts, and make recommendations designed to help improve inclusive provision in the region.

Drawing on a number of primary and secondary sources, the paper synthesizes the individual journeys of the participating countries to transition structural elements of their finance and early childhood development and education systems as they sought new approaches to support the inclusion of children with special educational needs. These countries operate in different contexts, but they all share a genuine desire to improve their education financing, despite being faced with multiple challenges. The five case studies reflect an accurate picture, at the time of the research, of current national level scenarios and of policy areas around education financing and governance changes to accommodate inclusive education reforms. They illustrate the complexities of funding for inclusive education and how countries do not only use either simple block grant funding or "money follows the child" approaches. Instead, there is a complex combination of many factors. In addition, there are substantial variations in a range of decision-making processes, which must take local conditions and experience into account.

The five country case studies on which this summary report is based are quite different in focus, age range and scope and they broadened the initial focus on governance and financing to encompass a wide range of issues of relevancy to inclusive practice in kindergartens and schools of participating countries, including how inclusive services are structured. There was a general orientation toward governance and financing but individual emphases ranged between early intervention services for children with disabilities, different approaches to assessment, and issues of equity, efficiency and effectiveness of governance and financing. Much of the content of the country reports is specific to the country in question, and they collectively provide a context for examining reforms that promote inclusive practices across the region about which there is relatively little systemic information. The focus of the studies is as diverse as the countries' individual experiences with the introduction of the IE reforms. Some countries are at the very beginning of this process, others have been in the process of introducing inclusive education over many years, although progress has been relatively slow. There is also the example of the country that has introduced a comprehensive

reform in favor of inclusive education running over many years. Studies varied too in their design, methodologies and sample sizes, with the result that some were more comprehensive than others.

Although the studies do not provide an exhaustive account of governance and financing across the region and this limits the generalizability and comparative nature of the overall study, they do provide insights about current reform efforts and the changes resulting from them, and thus enable critical assessment of inclusive provision. While there is a significant interest across Central Eastern Europe/Eurasia in pilot projects that demonstrate effective ways of establishing inclusive systems, it is also clear that these projects are hard to sustain in the longer-term. At a basic level, for successful pilots to be adopted, scaled-up and institutionalized, system processes at all levels need to be reviewed and reformed. However, the issue is complex because it goes beyond the technicalities of system-wide replication and scaling-up of innovative practices and is highly dependent on political will, and the prioritization, availability and adequacy of public resources to establish and maintain inclusive systems. Even though the acceptance of inclusion in education is slowly gaining ground, the governance and financial systems in many countries have not been adapted sufficiently to sustain the transition of mainstream and special education settings into full inclusion.

This issue has not been sufficiently researched in the past and the ECP's view is that without a review of governance and financing systems, which determine the form and structure of support services that are provided for children with special educational needs, the development and sustainability of inclusive systems appear to be questionable. To address this gap, the ECP has commissioned these 5 case studies, in the countries which offer examples of inclusion of young children with special educational needs, with hope that the experience documented in this paper will be of interest to other countries operating in similar circumstances, and might also contribute to the existing post 2015 educational debate on what financing and governance strategies will be most effective in ensuring effective inclusive educational services for young children with special educational needs. The study also highlights the resource gap for inclusive systems and calls upon governments, civil society, international agencies, and donors to address this issue as a matter of urgency.

- October, 2015

Introduction

The past 25 years have seen major changes in the political, economic and social systems of Central and Eastern Europe and the former Soviet Union. These changes have been driven in part by a desire to instill democratic and socially inclusive practices and in part by the process of accession of a large number of countries into the European Union with the associated transfer of policies and practices across borders.

Education has been a significant arena for these changes, not only because equity in educational opportunities is widely acknowledged as a value in its own right but also because of the possibility for schools' values to permeate the broader society. Inequities in access to educational opportunity persist, particularly in relation to socioeconomic status; in industrialized countries, for instance, the children of the professional middle classes routinely access a better education than their less advantaged peers. There is, however, a growing commitment to reforming education systems so that they are more equitable and socially inclusive. This entails creating schools where all children are actively welcomed and where all can be assured of high-quality educational opportunities.

This is a matter of particular import to children with disabilities and special needs who have often been denied this welcome in the past – and still are in many schools – and received their education in total segregation from their peers. There are many reasons for this, ranging from prevailing ideologies and societal attitudes through government policies and resource allocation mechanisms to teacher preparedness, school culture and practices, and parental choices. These and other factors interact in complex and locally diverse ways. A particular problem in many countries in Central and Eastern Europe and the former Soviet Union is the legacy of official policies of segregating children with disabilities. These children were often hidden from the public at home, deprived of education and the opportunity to grow up with their peers, or placed in orphanages or specialized boarding schools, further isolated from their families and communities. This segregation was reinforced by the existence of a large cadre of so-called “defectologists,” professional special educators whose training and professional orientation were directed exclusively at segregated provision.

The purpose of the present exercise is to assist in the growing commitment to reform by examining the various factors at play in different countries, build up a better understanding of how these factors work in practice and in different contexts, and make recommendations designed to help improve inclusive provision in the region.

A number of NGOs in selected countries in the CEE/CIS Baltic states region that had indicated their interest in carrying out a national study on finance and governance of inclusive education, along with experts and consultants were invited by the Open Society Foundations to a two-day meeting in 2011 to develop proposals for studies to be financed by Open Society. Each country was then offered the opportunity to submit research proposals, and the Foundations selected four – Bulgaria, Latvia, Serbia, and Ukraine – based on quality and relevance. Countries subsequently clarified their

research questions and developed data gathering methods, processes, procedures, and time-frames with support from Open Society permanent staff and a project consultant. A fifth country was added for analysis purposes. Inclusive education in Lithuania has been the subject of a separate study completed in 2010; this was revised in 2013 and added to the information base since it contained relevant strands on governance and financing.

The studies were as follows:

Latvia *Funding and Governance of Education for Children with Special Needs in Latvia: Focus on Equity, Efficiency, and Effectiveness.*

This study focussed on educational provision for children with special needs in Latvian kindergartens and primary schools. More than half (52percent) of primary-aged children with special needs attend residential special schools; this constitutes 3.7 percent of the total school population (European Agency for Development in Special Needs Education, 2012). Resource allocation is determined by funding formulae which, under current practice, work against inclusive practice: mainstream kindergartens receive no extra support for children with special needs, and, while mainstream schools receive some additional funding, it is not sufficient to provide the extra support needed.

The study was conducted initially between January and April and revised in December 2012. It comprised:

- Document analysis
- Interviews – 7 government officials and 2 NGO representatives
- Case studies of municipalities – 3 chosen to represent diverse conditions, 11 participants interviewed
- Survey – online/email to all municipalities on funding for kindergarten and elementary education, 44 percent response rate

Serbia *Educational, Health, and Social Support to Children with Developmental Difficulties and Physical Disabilities in the Republic of Serbia - Analysis of the New Concept and Its Application in Practice in Three Towns*

This study focussed on assessment and examined a new multi-disciplinary structure for identifying, assessing, and supporting primary-aged children with developmental difficulties and disabilities. The limited data available indicate that many children with developmental disabilities are not included in education, though the number of children with disabilities in mainstream schools is increasing. Despite a steady reduction of the number of children placed in residential care institutions, children with severe disabilities are still routinely placed in institutional care, and those leaving with families often remain isolated and excluded from the communities, which, combined with a lack of community services for children and support for their families, further reinforces exclusionary practices (Country Programme Action Plan 2011 – 2015, between the Government of the Republic of Serbia and UNICEF, UNICEF 2013).

This study was conducted initially between December 2011 and March 2012 and revised in December 2012. It comprised:

- Document analysis
- Survey
- Interviews
- Focus groups

Bulgaria *Early Childhood Intervention Services for Children with Disabilities in Bulgaria: an Alternative to Institutional Care for Ages 0-3*

Early childhood intervention is at a very important stage of development in Bulgaria. This is particularly the case for children with disabilities, many of whom are placed in residential institutions. This study focused on the challenges, including financial implications, of establishing contemporary early childhood intervention services and breastfeeding support for children with disabilities age 0-3 and their families.

The study was conducted between September 2011 and May 2012. It included:

- Document analysis
- Individual interviews – 21 respondents involved in planning or delivering children’s services and familiar with the government policy on breastfeeding and nutrition
- Focus groups – 3 groups with a total of 52 respondents
- Case study – descriptive account of a service provider
- Survey – email questionnaire to 14 key service providers

Ukraine *Developing the Financing Mechanism of Funding Inclusive Schools in Ukraine*

This study focussed explicitly on funding for special education in both mainstream and special schools and also in kindergartens. Ukraine is in a process of introducing inclusive education but national data on children with special needs and how they are educated is limited. After a ratification of the UN Convention on the Rights of Persons with Disabilities there were legislative acts adopted by the government that support implementation of inclusive education, but children with disabilities are still isolated. Their involvement in inclusive education is limited and the existing system of education does not take into account their individual needs, nor does it ensure a reasonable architectural accessibility. The training for teachers expected to work in inclusive settings is still in an initial phase and has a local character (Report of the Ukrainian Coalition of Organisations of People with Disabilities (UCOPD) Ukraine, 2012).

This study was conducted initially between December 2011 and April 2012 and revised in December 2012. It comprised:

- Document analysis
- Interviews
- Surveys

Lithuania *Inclusive Education in the Republic of Lithuania*

This study offers an account of the development of inclusive education in kindergartens and schools in Lithuania from independence in 1990 up to 2012. This period saw a major drop in the number of pupils attending special schools: most pupils with special needs would have been in special schools at the beginning of the period but fewer than 10 percent by the end. Special school pupils constitute 1.0 percent of the total school population (European Agency for Development in Special Needs Education, 2012). The report takes a broad compass, covering the legislative framework, policy, financing, assessment, school-based support, teacher education, parent organizations, and the very extensive international support received.

The study was conducted initially between March and October 2010 and revised in 2012. It comprised:

- Document analysis
- Interviews – 23 respondents from government, service providers, NGOs, schools and kindergartens

Research reports were prepared and then discussed at a second meeting held in London in November 2012. In the light of these discussions the reports were revised and it is these reports that form the basis of the present overview.

There was considerable variation in the content and focus of the studies. All were concerned with inclusive provision in schools or kindergartens but the effort was made to permit individual studies focus on selected topics in line with their perceived relevance for the country. There was a general orientation toward governance and financing but individual emphases ranged over early intervention services for children with disabilities aged 0-3, the assessment of children with disabilities, and issues of equity, efficiency and effectiveness, as well as governance and financing. Studies varied too in their design: methodologies and sample sizes varied, with the result that some were more comprehensive than others. As a result, the studies do not provide an exhaustive account of governance and financing across the region and this limits the generalizability of any conclusions that are drawn. They do, however, provide insights about current reform efforts and the changes resulting from them, and thus enable critical scrutiny of inclusive provision in the schools and kindergartens of the region.

Latvia

Research Team

The work was carried out by Kristine Liepina of the NGO “Centre for Education Initiatives (CEI)” in collaboration with Rata Kasa of the Stockholm School of Economics in Riga and Aija Tuna of the NGO “Knowledge Creation Lab.”

Methodology

The data presented are gathered from desk research and document analysis, interviews with officials familiar with Children with Special Needs (CWSN), 19 from the Ministry of Education and Science, the Ministry of Welfare, and the Ministry of Health, both centrally and locally, and 2 from the umbrella NGO of disability organizations. Three case studies were carried out in purposively selected municipalities chosen on the basis of socio-economic conditions, location, and the availability of different forms of provision for CWSN. An on-line survey of all municipalities in Latvia on the methods of funding preschool and elementary education was also carried out.

Overview

Despite signing and ratifying the UNCRPD in 2008 and 2010 respectively, there are no strategic policy documents for the education of CWSN in Latvia or for making links across different ministries or any agreed definition of inclusive education. As a result, there are incomplete definitions and controversial concepts in use that leave gaps and create overlaps that, as a consequence, may even infringe on the rights of the child. Special education and regular education are two discrete systems, especially regarding funding models. Children are assessed by pedagogical and medical commissions (PMCs) that may recommend that children should receive special education programs that can be provided both in both special and mainstream schools. Parents are given a choice about which school their child will attend to receive this program.

Transportation for CWSN who need assistance, to both preschools and schools, is not always available. Buildings are often inaccessible to wheelchairs despite substantial efforts over the past few years to improve the situation. There are also difficulties with the multiple definitions of the terms used to describe CWSN across different ministries that can impact on the provision of effective services. In general, in addition to some promising examples, there is scope for substantial improvement in the co-ordination of services at central and local levels as well as between municipal and central stakeholders.

Governance

There are five types of provision for CWSN aged 5 years when compulsory education begins - special preschools/schools, special classes in regular preschools/schools, inclusive regular preschools/schools, special boarding schools and home-schooling. Pre-school education for CWSN aged 0-5 is available in special preschools and inclusive preschools. Many special schools have a boarding option that may cover children of preschool age. Preschools and compulsory schools are provided as close as possible to

the child's place of residence. However, under these arrangements there is no guarantee that any particular CWSN will receive exactly what he needs if included in a regular school.

¹ *Special education programs in Latvia (with the program code assigned by law to each program):*

- *Special education program for children with visual impairments (pr. code 51)*
- *Special education program for children with hearing impairments (pr. code 52)*
- *Special education program for children with physical disabilities (pr. code 53)*
- *Special education program for children with chronic health problems also called somatic illnesses (pr. code 54)*
- *Special education program for children with speech and language disabilities (pr. code 55)*
- *Special education program for children with learning disabilities (pr. code 56)*
- *Special education program for children with mental health disorders (pr. code 57)*
- *Special education program for children with disabilities of mental development (pr. code 58)*
- *Special education program for children with severe mental retardation or several severe combined developmental disorders (pr. code 59)* The source: Cabinet of Ministers, Regulations nr. 990 (2008); OECD (2009)

All educational institutions that provide education for formally diagnosed CWSN and which receive public funding are required to have licensed special education programmes for each of nine categories of CWSN².

The number of preschool education institutions granted licences to implement special education programs has increased substantially in recent years but, according to NGOs, access to kindergartens is still very poor for CWSN.

Special education is organized under types of special education program for children with different impairments. There are special schools, special boarding schools, and development and rehabilitation centers. In addition, there is an unequal and uneven quality of education across different types of schools. It appears that special boarding schools are often viewed as tools of the government's social and not education policy, even though all these educational institutions are subordinate to the Ministry of Education and Science (MoES).

The lack of attention to educational quality is a serious issue. For instance, although the matter is currently being addressed by the MoES, one special school is still using curriculum materials based on the Soviet period that are quite inappropriate for modern Latvia and are exclusionary in their own right.

There are also special schools that serve as development centers and support individual CWSN in inclusive education. However, special schools that currently work as special education development centers have limited impact because the funding model does not ensure the expansion of sustainable institutional collaboration between special and mainstream schools to advance locally accessible quality education for CWSN.

Funding

Official sources reveal that Inclusive preschool education is funded entirely by municipalities, while general education is the responsibility of the municipalities under

the auspices of the MoES, which provides funding for them. The national budget supplies all funds for the special preschools and special boarding schools. There are also private preschools funded mainly by school fees and a small number of project based schools for CWSN funded by NGOs and the European Union.

The state transfers funds to local governments and they must follow guidelines on how these funds are allocated, although they are allowed some flexibility depending on local conditions.

Children receive additional funding if they have been diagnosed by PMCs. This process authorizes enrolment in a special program designed for the child's category of disability.

PMCs are financed by municipalities and form part of the overall system of support for the provision of quality education for CWSN. They, in turn, may be assisted by regional Inclusive education support centers that were created in 2011 with European Social Funds. These centers also support other municipal institutions concerned with CWSN.

There are also special schools/development centers that support individual CWSN in inclusive education. They receive additional funds from the national budget but it is unclear how the amount is calculated and is subject to government priorities and is thus an unstable support for inclusive education.

Formally diagnosed CWSN in all inclusive or special day schools get an increased funding ratio of 1.6 (preschools get 0.75; primary 1.0 and secondary 1.25 of a national standard for each non-CWSN pupil). But the 1.6 is a flat rate with no variation for type of special need. Funding is not earmarked and municipalities distribute it in different ways. So the principle of money following the child applies only to the distribution of funds to municipalities and there is no guarantee that a particular CWSN will benefit even if enrolled in a licensed special education program.

Within these arrangements as already noted special schools receive the same amount of funding regardless of the type of disability. In contra-distinction, boarding schools receive a differentiated amount depending of the type of disability and needs.

Interviews with municipalities involved in the study show that regular schools are in need of more CWSN support staff; currently no funds are available for non-diagnosed CWSN. Since the government sets upper limits on what may be spent by municipalities on support staff the presence of support staff in regular schools will depend on the budgets available in each municipality - and these are often over-stretched. Thus, the findings suggest that the current per capita funding formula does not provide adequate funding for the implementation of effective support.

Access to mainstream schools for CWSN is entirely dependent on local government decisions. There is considerable variability across the country in this type of provision. The needed additional support-staff often come from PMCs but many municipalities do not have their own PMC and therefore do not have ready access to skilled staff.

Inclusion has brought other funding challenges. For instance there is no additional funding for cooperation between special and regular schools and small and large

schools face different pressures that need fuller investigation. Small schools in particular may find it difficult to include CWSN because there is simply not enough money available under the weighting formula to hire the necessary professionals who are required to meet the child's needs and implement the individualized support program identified by the PMC within the special education program.

Parental Involvement

Parents' attitudes and opinions were not formally surveyed during the study. However, it is reported by a disability umbrella NGO that many parents are seeking inclusion, because they want their children to be educated close to their homes. Although in principle parents choose the type of school their child will attend, following the assessment made by the PMC and its expressed opinion about the most appropriate special education program that the child should follow, in practice there are limitations. For instance, some schools are still not accessible for those with movement impairments and some children have difficulty leaving their houses since they have to be carried or the local school may be unable to offer the necessary program. However, families get extra benefits if they have a disabled child and they receive extra support in the home when the child is severely challenged.

Data

Pre-school

In 2008/9, 10 percent of children in the preschools had special education programs as identified by the PMCs. But 20 percent are identified by teachers and psychologists as needing special support, mainly with speech and language. There are no data on children aged 0-5 needing special support. However, some 50 percent of children of preschool age with special education programs were in special education institutions and approximately 50 percent in special classes in regular preschools. Approximately 1 percent were in regular groups in regular preschools.

These numbers seem to be particularly sensitive to general economic trends, since during the budget cuts, the numbers in special schools remained the same while regular preschool special education groups decreased by some 60 percent despite an increase in the total number of students in preschools. However, the numbers are now currently recovering. Nevertheless according to NGOs access to preschool for CWSN is still poor although there is perhaps some light at the end of the tunnel since an increasing number of special schools are being licensed to implement general education programs. In recognition of this development, a new policy to delete the word "special" from the names of "special schools" may also help in the process of expanding inclusive provision for preschool CWSN.

Compulsory school

The proportion of compulsory school age CWSN in Latvia has increased from 3 percent

in 2000 to 5 percent in 2011 despite an approximately 40 percent decline in the overall numbers of children in compulsory education over that same period. Furthermore, the numbers of students in special schools and classes has only declined by 22 percent which is less than the percentage expected given demographic statistics. Of these, 76 percent of them are enrolled in special educational institutions of which 15 percent were in special classes in regular schools. In 2011/12, special boarding schools enrolled 52 percent of CWSN while special day schools enrolled 9 percent. Twenty-two per cent were in special education programs in regular schools and 2 percent in general education programs. Of those with less severe disabilities or learning difficulties, only 20 percent were in special schools. The numbers being educated at home are small and declining being 128 in the year 2000. Close to 14 percent of children with mental health developments disorders, have never attended school.

Within this general environment, growing support for inclusion in regular schools is being helped by the decline in school numbers. Schools chase students and their funding but do not give adequate weight to how to provide the necessary support. Parents also want to keep their children at home so they want a local school, but the possibilities vary across the different municipalities. If this is impossible, the particular municipality may pay another municipality that does have the necessary provision. Although there has been extra funding since 2009, there is still a shortage of funds. Municipalities pay for transport.

There are regulations that recommend the numbers of CWSN permitted in regular and special classes. Support in regular schools comes from the municipalities that may hire specialists, the schools themselves, the PMC experts, the five special school development centers (although co-operation between the regular schools and special schools is threatened by the “hunt for students”) and the eight regional inclusive education support centers.

Funds from the European Union have led to the establishment of the eight “education support centers” that provide individual support to CWSN, advisory support to regional PMCs, and specialist support to educational institutions, care centers, and municipalities. Taken together this approach is seen to be fostering inclusion. A single database is being created across the eight education support centers in collaboration with a number of universities.

Teacher Training

The Latvian report notes:

“Observations expressed by several municipal participants in this study indicate that there should be some assessment of the quality of educational provisions for CWSN carried out at mainstream schools as well. There are concerns about licensed special education programs at mainstream schools that do not provide CWSN with the support needed for gaining quality education. One reason for this that is reported by study

participants is the lack of teachers' skills in working with CWSN in inclusive settings. Participants in this study acknowledged that teacher education programs at universities do not sufficiently prepare new educators for work with CWSN. Also there is no systematic national policy on how to promote the professional learning of teachers already in schools to improve their work with CWSN. Another reason for insufficient educational quality for CWSN at mainstream schools named by the study participants is insufficient availability of support staff needed for CWSN education. Although a school would have a licensed special education program, its implementation would be deficient due to lack of resources to hire support staff needed for CWSN."

It is clear from this quotation that both pre-service and in-service teacher education lacks the necessary breadth and depth to meet the demands of the system especially for CWSN in regular schools.

Conclusions

There is no clear national policy on CWSN. Different ministries have different definitions of CWSN that impact on the availability of services and benefits. There is an urgent need to resolve this problem and to agree on a more coherent set of definitions with the goal of improving coordination between ministries in this field and overcoming different practices across municipalities. The lack of attention to educational quality is a serious issue. The fact that CWSN in mainstream schools, who have been formally assessed by PMCs and who are receiving a special education program in a regular school, may be educated by teachers without the relevant specialist qualifications is clearly unsatisfactory.

The funding supplied to educate CWSN is applied inconsistently according to where children are educated. For instance, it seems illogical to provide different levels of funding for different types of disability program in the special schools that are fully funded by central government but not to those schools, special or regular, that receive government funds that are administered by municipalities. CWSN in mainstream schools seem to be especially disadvantaged since they may receive minimal additional support despite the intentions of central government funding arrangements. Furthermore, their teachers are not adequately trained to work with them.

There is no agreed policy on continuing teacher training and no transparent or permanent funding to encourage links between special schools and regular schools to support transfer of skills from one to the other and encourage capacity building.

The fact that funds will not be made available for CWSN who have not been formally identified will inevitably hinder curriculum and pedagogical development in the regular schools. This will have the effect of reducing the opportunities for teachers to develop the skills that are necessary to be able to teach children who are receiving special programs.

The availability of transportation between home and school for CWSN is inconsistent across Latvia being dependant on the municipality.

In this context, it seems likely that implementing reforms will require additional funding. A consideration of the extent of needed funding was not within the remit of the present research but would be a useful next step.

Finally, it is clear that as a matter of urgency the funding arrangements for CWSN in regular schools must be addressed and brought more in line with funding similar CWSN receive in special schools. Furthermore, the funds supplied should be directed right down to the school level so that the child will benefit from them. Substantial investment also needs to be made in teacher supply and effective training to work in inclusive schools.

Serbia



Students and teachers in a group lesson. Photo credit: Boris Spasić/CIP

Research Team

The report was prepared by the Center for Interactive Pedagogy (CIP) staff -Milena Mihajlović, Executive Director of CIP; Nikola Duvnjak, Advisor to the OSCE Mission to Serbia; Darinka Radivojević, Psychologist; Branka Pavlović, Lecturer at the Kindergarten Teachers Vocational College, Šabac; and Duško Saroškovic, the Head of the Municipality Budget and Finances Directorate, Sremska Mitrovica.

Methodology

The data were gathered via document analysis, questionnaires, focus groups, group and individual semi-structured interviews, and roundtable consultative meetings involving the Ministry of Education, Science and Technological Development, the Ministry of Health, and the Ministry of Labor and Social Policy, three local self-governments and their inter-departmental commissions (IDCs), 15 primary schools, four schools for pupils with developmental difficulties, a preschool, a regional Department of Education, Science and Technical Development, the Delivery of Improved Local Services (DILS) project, three out-patient health clinics, 2 social work Centers, 19 NGOs, and 16 parents of children with developmental difficulties.

Information in the report is based on the assessments of the needs and provision of support to 117 children, 87 of them of primary school age and with developmental difficulties in the three towns. The professional experience of the experts included in this research is much broader and stems from their work with a large number of other children.

Overview

Following the signing and ratification of the UNCRPD, the Law on the Basis of the Education System (LBES), which the Serbian National Assembly adopted in 2009, set the guidelines for developing inclusive education, i.e., the development of quality education equally accessible to all children, without discrimination on any grounds, including developmental difficulties and physical disabilities within the overall context of education for all.

In order to support the implementation of these policies there have been a number of other developments. These include the full registration of births, including those of Roma families, the introduction and funding of pedagogical assistants (from 2011) and a “roadmap” for inclusive education. In addition, a rulebook for establishing Individual education plans, their use and evaluation has been prepared along with a guide to tackle discrimination. A rulebook has also been written to address issues of violence, abuse and neglect in institutions.

The system for providing additional educational, health, and social support to children who need it in order to support their development and education has since been further developed by the adoption of subsidiary legislation and the implementation of training of inclusive education expert teams in all Serbian primary schools along with manuals and brochures and other printed materials.³ Funds have also been made available for assistive technologies and transportation for CWSN, for accumulating a number of relevant publications.

The development of inclusive education, i.e., ensuring that children in need of support have access to education equally as other children, is one of the priorities of the Ministry of Education, Science and Technological Development (MoESTD). This is the first time a needs assessment and support system respecting the dignity and rights of the children and their families has been developed creating a unified education and special education system.

Under the LBES (2009), CWSN are entitled to receive preschool education in mainstream groups with children without developmental difficulties and in development groups in preschools and in preschool groups attached to special schools according to the type of disability. Children of primary age are entitled to receive education in primary mainstream schools and special schools. Secondary education for CWSN takes place in mainstream secondary schools or vocational schools of special

³ The printed materials that have been prepared and disseminated at the training sessions are available in electronic form on the DILS/MoESTD website.

schools. Special classes in regular primary and secondary schools, where children with different types of disability were educated together are no longer permitted by the LBES (2009). Children in existing special classes will finish their schooling and then special classes will be closed. Children with severe disabilities are mainly in residential institutions.

Families may also receive a wide range of benefits and social support including homes and day care for children with difficulties. Children receive free health care and prosthetic devices. In the past, children in special schools were entitled to more financial support, but after the LBES (2009) support is not connected to categorization by the type of disability.

To support inclusion in mainstream education, there are a range of support measures such as individualized work, support by a pedagogical assistant, and “catch up” classes within mainstream schools.

The Serbian report focuses on the development of the system of assessing the needs and providing additional support to children with developmental difficulties and disabilities of primary school age. It includes the evaluation of regulations and procedures covering a new multi-disciplinary structure established by three ministries known as Inter-departmental Commissions (IDCs). They have been established under new laws and guidelines to carry out multi-disciplinary assessments of CWSN and prepare individual support plans (ISPs). The report describes and analyzes the experiences and effectiveness of the IDCs during the initial period of implementation. IDC members are supported by co-ordinators appointed by the local government; and there is a national joint body that oversees the implementation of the additional educational, health, and social support to children and the IDC work. The IDC follows a “rule book” developed jointly by the three ministries that defines the process of needs assessment and the development of the ISP.

Governance

Although Serbian education law has always allowed CWSN to attend mainstream kindergartens and schools, in practice this rarely happened. Before the current reforms the Ministry of Education estimated that some 85 percent of children with developmental difficulties were not receiving any form of systematic education⁴ and were thereby essentially excluded from society as experienced by citizens without disabilities.

In stark contrast to the previous situation, the current law (LBES, 2009) introduces the right of *all* children to education without discrimination or segregation and is thereby inclusive. All children aged 6.5 years must be enrolled in first grade and will be assessed after enrolment, and, if necessary, the teaching methods and achievement standards

⁴ Source: website of the Ministry of Education, Science and Technological Development of the Republic of Serbia, www.mpn.gov.rs

for them will be adjusted. Between the school years 2009/2010 and 2010/2011, the proportions of children with disabilities included in primary schools increased by 6.75 percent.⁵ The proportions in preschools are also reported to have risen since the mandatory Preschool Preparatory Program was introduced. Parents are entitled to choose the school their child attends.

At the same time, the number of children held in institutions that offer very little by way of education or rehabilitation has declined. Now the number of children with developmental difficulties attending day care centers has more than tripled between 2000 and 2010 and, by 2013, stood at 4,800.

The mandate for education is divided between central and local authorities. Central government mainly covers programs and educational outcomes while local government is responsible for implementation.

LBES (2009) introduces Individual education plans (IEPs) as well as the right to additional educational support within the mainstream education and affirmative action for children from marginalized groups. It also introduces the possibility to have pedagogical assistants in the schools and also for the child's personal assistant to attend school with the child.

While the inclusion of CWSN into education has been legislated under the general law on the education system, at the time of writing new laws on primary and secondary education to further regulate this field are in draft form. A "Rulebook on Additional Educational, Health and Social Support to Children and Pupils" has been prepared by the three ministries of education, health, and welfare to develop a co-ordinated approach to the provision of additional health, social, and educational support services for every child with a need for additional support to promote their inclusion in education.

The LBES (2009) replaces the work of previous child classification boards and has led to the establishment of inter-departmental commissions (IDCs) to assess the needs of additional support for individual CWSN to promote inclusion. Each IDC has a co-ordinator at the local level and all IDCs are overseen at the national level by a multi-disciplinary and cross-ministerial "joint body" in which each ministry has appointed a co-ordinator for cooperation to support, monitor, and inspect the IDCs work. Other experts are also included. So far the joint body has worked on developing reporting methods for the IDCs. Local self-governments (LSGs) appoint three permanent members of the IDC (a paediatrician, a school psychologist, and a social worker) and a coordinator from the LSG. These members should be paid and the costs of the recommended support met by the local authorities and local providers.

⁵ First National Report on Social Inclusion and Poverty Reduction in the Republic of Serbia Full Ref missing from Serbian report

There are also a range of supports for IDCs at the national level that cover a broad array of actions intended to promote inclusion in the Serbian context. These are supported mainly through the “Delivery of Improved Local Services” (DILS) project funded by a World Bank loan and which supports inclusive practices in education, health, and social welfare as laid down in LBES (2009) to promote equal opportunities. Inclusive education is one of the main goals and as a result attracts funds from the project. Within the DILS project, MoESTD has created a network of inclusive teachers and schools and has supported training and provided grants to schools for inclusive education, assistive technologies, manuals, and brochures. There has been training to help some special schools become resource centers and information books for parents have been prepared.

NGOs have also had a major impact on creating inclusive policies. They provide a range of services that include various forms of sensitization of the local communities, provision of tailored training for working with children with specific developmental difficulties, learning support, provision of specific teaching material and training in their use and lobbying for funds needed to implement specific forms of support.

Functioning of IDCs

Interviews and focus groups with LSG members, IDC members, professionals in schools, parents, and representatives of NGOs reported on how IDCs have been functioning in the initial period immediately following their establishment and a number of serious challenges have been identified. The research project followed up the working of IDCs in three localities with regard to CWSN of primary school age.

The study reports that IDCs are still finding their way. They have a lack of experience, equipment, and procedures to follow in carrying out assessments and preparing ISPs. They are seeking pragmatic solutions and are not particularly driven to inclusion, which is also hampered by a lack of funds and training and prejudicial attitudes in communities. Health experts have traditional approaches that focus on “correcting” or “curing” the child’s “illness” that have typically taken place in special settings and, as a result, are also often not supportive of inclusion - the same applies to some teachers who need more training and support from other professionals. Experts from social care institutions need more training, both on inclusive education and child assessment.

Not surprisingly, there is a general lack of understanding about how to make the IDCs function well in a completely different philosophical context. The main issues that arise include the need for training to help everybody understand the new environment in which the IDCs are working, the new enrolment arrangements for children in the primary schools, and how to prepare, develop, and implement ISPs that determine the different types of support the child should receive and IEPs that focus on support in schools such as adapted curricula and pedagogies. At an organizational level, more

planning needs to go into the working conditions of the IDCs and their members, the protection of children's data, and the accountability arrangements.

Furthermore, there is a need to improve communication between all of the interested parties, e.g., IDCs, LSGs, and NGOs, both locally and nationally to improve the type and extent of support for children and their families. The lack of support has been frustrating for parents, especially when recommended support is unavailable.

The majority of parents in all three communities were satisfied with the work of the IDCs and the communications with their members, although some, in one town, found it difficult to distinguish between the IDC approach and that of the previous child classification boards. Some parents would also like to be more involved with the support of their child. Describing the ISPs, one parent said:

"The ISP only says what the parent should do, but does not specify how, does not explain. I personally think the IDC cannot give us such details. The parents are usually trained by professionals. These experts, which the IDCs is referring us to, who will tell us what to do and how, they should have met the speech therapist, the expert in somatopedy, the psychologist, to see how it can be done. Tell us what and tell them how to do it and then we could work on it together. But all of the institutions are understaffed, so cooperation suffers."

Many parents in all three communities have experienced difficulties in implementing all forms of recommended support. They gather papers on their children, present information on their children's needs but noted that the IDCs worked slowly and that the implementation of the ISPs were delayed and were only "wish lists" since there is a shortage of funds and appropriate services. In practice some parents fund the additional services themselves. According to one parent:

"I heard at the IDC, so it is official: I was told that the parents had to find the assistants themselves because they know their children best. I do not need a personal assistant. I need a pedagogical one, but not a pedagogical assistant at the school level, I need a personal-pedagogical assistant. A parent needs to co-fund such an assistant, the municipality has nothing to do with this, only the social work center can co-fund with eight thousand dinars. That hurt me a bit. I asked them: 'Should a parent pay for a problem in her life? Is the child to blame so we have to co-fund?' Who isn't broke?"

Most parents welcomed the ISPs and reported that the children and families had benefited from them. They also noted the lack of services to implement the ISPs and identified a need to develop training for parents on ISPs so that they can support their children at home to achieve stated objectives. Some parents also noted that they were satisfied with the assessment arrangements and ISPs but wanted their children to remain in special schools. One parent said:

"I was told that the objective of the Inter-Departmental Commission was not to transfer children from the schools they are now in, from special class. That is not an inclusive form of education entirely, but it almost is, because it is an open-type school, only the class differs. They said they were not entitled to suggest that the child be transferred to

*a strictly special school, designated for such children or children with special needs. I don't know why, but that is what interests me the most, because it is in my child's interest."*⁶

Funding

Even though there has been an increase in funding in all three LSG studies between 2010 and 2012 in primary education, health, and social care, funding for the IDCs remains seriously inadequate. For instance, members of the IDCs receive little pay and even inadequate travelling expenses. It is essential, therefore, to find an immediate solution to this problem and find the finances to provide the additional support required for the children.

IDCs have the responsibility of preparing ISPs for each child. The ISP identifies the support services that the child requires. In the three LSG studied, additional support services were being provided from locally available funds in social care and education, although in two of the communities, parents were also co-funding specific additional support. However, some of the recommended forms of support have not been provided in any of the three communities studied.

One problem is that the recommendations and ISPs are not binding on the service providers. So, speech therapists for instance, are not required to provide speech therapy for a child if the service lacks the capacity and LSGs are not obliged to develop and fund services that are unavailable in the community. As a result, in all three areas some of the recommended forms of support have not been provided because of a lack of funding and it seems that IDC members are not officially aware of which services exist in their communities and of planned investments in new services

Perhaps not surprisingly, since the IDC coordinator was appointed from the LSG, communication between the IDCs and LSGs was stated to be good, with the LSG recognizing the problems the IDCs were facing particularly in regard to the additional budget needs and the ways funds should be spent.

Although the legal framework is in place nationally (LBES, 2009) there are problems with the extent of funding provided and the process of budget preparation. Budgets are inadequate and although additional support services are funded by the LSGs they are occasionally supplemented by some co-funding from parents.

This all suggests that budgets need to be developed at national level to support the LSGs, especially in those that are underdeveloped. In addition, there are complications over data protection issues and a general lack of coherence in national reporting of data with no standard formats available.

⁶ The child goes to a "special" class in a mainstream school and the parent wants him transferred to a "special" school.

Despite laws and regulations defining how LSG budgeting processes should work, they were generally not followed. This appeared in the context of the funding of the IDC work as:

- Neither process nor method for establishing a line item for IDCs or ISPs
- No regulations governing the work of the IDCs or remuneration of their members
- No transparency in the budgeting process
- No procedures for setting the remuneration levels of IDC members.

However, all permanent IDC members in all three LSGs were paid but through very different calculations with amounts being based on available local budgets. In accordance with the regulations, the ad hoc IDC members were not paid in any of the LSGs studied for additional, important, and specific input. This was reported to be seriously affecting the efficiency of the IDCs work and viewed as unsatisfactory by IDC members.

Furthermore, services to support CWSN and their families are not available in the three LSGs studied and all respondents agree that there needs to be a review of the funding arrangements in order to establish the necessary procedures. There are currently no reports on the implementation of the individual support plans by any official body.

Parents

The vast majority of parents were satisfied with the work of the IDCs in terms of the level of communication with the members, the quality of the explanations provided, and their respect for the parents' opinions and the ISPs. However, they were frustrated by the lack of funding and support for the needed services. They report that the ISPs are "wish lists" – they found difficulties in finding personal assistants, transportation, availability of appropriately trained teachers, and support from available service because of a lack of capacity. Parents also wanted more support themselves on how to implement programs for their children. They often knew what their children needed but did not know how to provide it.

Data

Special education is organized under types of disability. Up to 2009, 85 percent of children with developmental disabilities were not included in the education system at all and 30 percent of the children in special schools were Roma. There are special schools and residential institutions for children with severe disabilities and more recently day care centers for children with developmental disabilities. The numbers of CWSN in regular schools is said to be increasing.

Support Provided through Projects Implemented by NGOs

NGOs have been involved both in the design of the educational policies and monitoring of their implementation, in research, advocacy, provision of support to parents,

improvement of educational practices (development of models, training of teaching staff, design of rulebooks, and collection and promotion of good practice examples), the organization of expert gatherings and campaigns, in empowering local self-governments and educational institutions for inclusion.

The following list presents some of the most relevant projects aimed at supporting inclusive education:

- Inclusive Education – From Practice to Policy;⁷
- Educational Inclusion – Local Inclusion Teams;⁸
- Inclusion in the Education of Children with Developmental Difficulties and Employment of Persons with Disabilities MIDWAY;⁹
- Inclusive Education Campaign – Everyone in School, Future for All;¹⁰
- Missing Link – Development of Mechanisms Supporting the Successful Transition of Children with Developmental Difficulties from One Education Level to Another in the Mainstream Education System;¹¹
- Prevention and Protection of Children with Disabilities from Violence;¹²
- Civil Society for Inclusive Education – Education Fit for Children¹³

Initiatives 2012 et seq

As a result of sharing this research report with key stakeholders, a number of actions were undertaken after it was finalized during the period of April to December 2012. There was a meeting of IDC members to share their experiences and to develop amendments to the IDC rulebook, protection of data on children, and a new database on IDCs and their work and on children. A good practice model for escorts who accompany children has been prepared, recommendations on how IDCs should be funded have been formulated and guidelines on educating CWSN in all types of schools have been prepared and circulated to schools. In addition, expert guidelines for IDCs

⁷ 2005-2009, Foundation for an Open Society Serbia (FOSS), Educational Reform Circles, *Veliki mali*, Center for Quality Education and CIP-Center for Interactive Pedagogy (CIP Center), Association of Grade Teachers of the Republic of Serbia. Local services supporting inclusive education were established in 10 towns. Five schools that won on the Competition for the Most Inclusive School were granted funds to implement projects.

⁸ Implemented in the 2006-2008 period: support was provided for the establishment and activities of local inclusion teams for advocacy of and support to inclusive education.

⁹ Implemented by Catholic Relief Services, CIP Center and Center for Independent Living of Persons with Disabilities with MoES' support. Supported by USAID via ISC. Aimed at advancing the involvement of civil society in inclusive education policy development.

¹⁰ Supported by FOSS and MoES-DILS project, 2011. Association of Grade Teachers of the Republic of Serbia, CIP Center and the Center for Educational Policies. The campaign aimed at creating a positive climate for its implementation. Panel discussions were held in 100 cities and municipalities in Serbia; 11847 people took part in them. Media campaign. Good inclusive practice examples were collected and video recordings from the educational institutions were produced. www.inkluzija.org.

¹¹ Implemented by CIP Center in cooperation with the OSF and with the support of the MoES (2010-2012). The initiative is geared at ensuring continuous schooling from one education level to another. The guidebook on the transition of children from the preschool preparatory program to 1st grade and from 4th to 5th grade is available at www.cipcentar.org.

¹² Coalition of NGOs for assistance to persons with mental disabilities and UNICEF, is implementing a project on the territory of Serbia, in the seven regions.

¹³ Led by the Association for Development of Children and Youth - OPEN CLUB, Niš in cooperation with MODS members; 2012-2015. Activities: coalition meetings, training, research, monitoring of 30 educational institutions, trainings, conferences. Donor: Royal Norwegian Embassy in Belgrade.

have been written. An impact assessment on pro-poor education measures is underway as well as the development of a framework for monitoring inclusive education. The Ombudsman has also acted on behalf of parents' complaints about provision for CWSN. The work levels in the IDCs have increased although their working arrangements have not changed a great deal. Nevertheless, there have been some improvements in the provision of additional support. A remaining challenge is the financing of personal assistants. Communications with other relevant institutions has improved and the members of the IDC have welcomed a ministerial initiative to regulate further the work of the IDC to help to ensure the provision of additional support for CWSN.

Conclusions

After a period of segregated and/or little provision for CWSN, Serbia has embarked on ambitious reforms of education, health, and social services to provide inclusive education for all children. Governance has been decentralized, all children must register for primary schooling, and new forms of multi-disciplinary assessment have been established by IDCs for children after they enter primary school. These assessments focus on developing IEPs and ISPs for children with disabilities.

The currently inadequate levels of expenditure on IDCs and the available support services indicate that it is necessary to define how the additional funding is to be made available. Currently, funding is increasing slowly as communities learn how the IDCs work and appreciate their real funding needs.

What is now needed is further clarification in the rule book on what the term "additional support" implies and how the needed funding will be made available. Does "additional support" imply new services that need to be developed within the education, social or health sectors or is it "additional" for the child if he/she did not receive it before? Or is it both?

Bulgaria



A Karin Dom Foundation home visit. Photo by Vladislava Doncheva/Karin Dom Foundation

Research Team

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Title

Early Childhood Intervention Services for Children with Disabilities in Bulgaria: an Alternative to Institutional Care for ages 0-3.

Methodology

This report is primarily based on in-person data gathered in the cities of Varna and Sofia and a questionnaire distributed by email to 14 community organizations implementing early childhood intervention (ECI) services. A case study was carried out on one ECI service provider. Data were gathered via document reviews, semi-structured interviews with 21 respondents in two cities, and focus groups with 52 respondents from the same two cities. Respondents were representatives of local and national NGOs, local and national government officers and advisors, a World Bank representative,

national consultants in the field of nutrition and breast-feeding, the head of the Health Committee at the National Assembly, and the head of the World Health Organization office in Sofia.

Overview

This project explored the current development, role, and challenges of ECI services for children age 0-3 in the context of the Bulgarian policies, services, and practices for children with disabilities. The purpose of this research project was to (a) document Bulgarian stakeholder knowledge and review existing practices in the area of ECI services and (b) identify existing links between ECI and current social inclusion and deinstitutionalization policies in Bulgaria in relation to governance and funding mechanisms for services for children with disabilities and their families.

There are two types of service delivery mechanisms in Bulgaria that in theory provide a comprehensive approach to meeting the needs of the child and the whole family: community-based services and services provided by specialized institutions.

Services are provided by the Center for Social Rehabilitation and Integration, the Community Support Center, the Day Center, operated by DMSGD¹⁴ and the Mother and Baby Unit. Although all social services are in principle available for children with disabilities age 0-3, in practice many of them are not developed by service providers to support early childhood needs, or they only support children and families in crisis situations. Throughout Bulgaria, there are often no services for CWSN at all. Similarly, there are no national standards required for personnel working with CWSN age 0-3.

Home-based and family-focused services for young CWSN are further discouraged by medical personnel who focus the attention of parents on their baby's disability and deficits and encourage them to abandon their new born to institutional care. This clearly highlights the need for evidenced-based, contemporary ECI services that support the whole family by developing their capacity to address the needs of their children, rather than abandoning them. Emerging ECI services build on existing social and medical services in Bulgaria, but focus on the strengths of the child and on child-parent interactions and attachment. The Bulgarian "National Children's Strategy" encourages breast-feeding as part of a national plan on food and nutrition to help prevent disability. This plan also aims to encourage parent-child attachment to help prevent abandonment.

¹⁴ DMSGD (Home for medical and social care for children) - residential type of institution for children, aged 0-3. In 2011, 2,508 children were placed in DMSGD (National Statistics Institute, www.nsi.bg/EPDOCS/DMSG2011.pdf, accessed on 18.01.2013)

In addition to the disability as a decision-making factor for abandonment, other reasons for abandonment include poverty, poor parental or child health, social exclusion, homelessness, food insecurity and the lack of basic necessities needed for raising a child (The University of Nottingham: 2012).

Bulgaria has experienced increasing pressure from a number of internal and external sources to close residential institutions since joining the European Union (EU) in 2007. A “National Strategy 2008-2018” for deinstitutionalisation, adopted in 2010 introduced the World Bank-funded “Social Inclusion Project” that includes early childhood service options to reduce poverty and prevent social exclusion of children. ECI services will be offered through community centers or through home-based delivery at the discretion of municipalities. The European Union has provided funds to help in the development process and a new draft Law on Child Protection supports this reform by sanctioning abandonment and institutionalization of children age 0-3 except for those needing intensive medical care. ECI will be provided for CWSN who count for 64 percent of all children in need of deinstitutionalization. The policy to deinstitutionalize children age 0-3 from DMSGD (Homes for Medical and Social Care for Children) will lead to these “homes” being closed and transformed into new services called “services for support and prevention” delivered through “Family Consultation Centers” designed to integrate medical and social services. The possibilities for foster care will also be strengthened.

Documents from the region and municipality of Varna indicate that ECI services to prevent abandonment and consequent institutionalization are insufficient and the ECI programs that do exist are mainly NGO pilot projects. There is a clear need for the further development of quality, contemporary ECI services.

Governance

The *National Children’s Strategy 2008-2018* (2008) is a policy document that sets out the government’s plans for supporting children in Bulgaria in a number of key areas in which actions should be taken (e.g., family environment, living standards and social support, alternative services, health care, education, leisure and development of skills, and child participation). The document recommends *inter alia* the adoption of standards for early childhood development and requires the adoption of measures for the prevention of child abandonment and the establishment of appropriate community services.

Although the strategy does not propose specific measures for children age 0-3, it places a special emphasis on children with special needs and the early inclusion of such children in educational services. The strategy recommends the adoption of standards for early childhood development that will provide practical support for both parents and professionals by ensuring quality child-care and services. In addition, such standards can be the foundations for achieving integrated services for these children as they will provide comprehensive information about early childhood development.

Social Services for People with Disabilities

The law on the integration of people with disabilities establishes rights to medical and social rehabilitation. It applies to children with disabilities (CWD) age 0-3.

Government-funded social services are provided either by municipalities or NGOs and comprise of the following:

- a) Personal assistant – a service for a disabled person who needs constant care. The service is provided as a support mechanism for the family;
- b) Social assistant – a service to help meet the daily needs and organize the free time of people with disabilities and to implement activities for their social inclusion;
- c) Center for Social Rehabilitation and Integration – provides a package of social services that include: rehabilitation, social and legal consultations, educational and professional training and counseling, and implementation of individual programs for social inclusion;
- d) Mother and Baby Unit – shelter and support are provided for single mothers and pregnant women. This is a package of services, aiming at preventing abandonment and involving the extended family;
- e) Community Support Center – provides a package of social services for children and families at risk. These include family consultation, family planning, prevention of school dropout, supporting victims of violence and individual work with children with disabilities.

According to local needs and opportunities, municipal authorities can also set up additional services and provide funding for them from municipal budgets. In most cases, public funds are not sufficient to finance these services and cover the needs of all children with disabilities across the country. Thus, although all of the above services should be available, they rarely prioritize children age 0-3 when funding is limited.¹⁵

Medical rehabilitation services

In addition to social services, children with disabilities age 0- 3 have access to medical rehabilitation services, which are also meant to support their development. These services are under the Law for Medical Establishments and the Health Insurance Act and are available to all people with disabilities and are provided by the medical day care centers, DMSGD, and other structures and private providers. The services include physical therapy, occupational therapy, kinestherapy, speech and visual therapy, psychotherapy, supportive medicine therapy, provision of supportive aids, and other medical supplies and educational and social support.

The social and medical rehabilitation services together provide a good basis for supporting children with disabilities and their families. These are community-based services, and target the needs of either a child with a disability or the whole family. However, there is a tendency that children age 0-3 are primarily referred to medical

¹⁵ With the exception of the Mother and Baby Unit Service which supports pregnant women and mothers with new-born babies in crisis situations.

rehabilitation services. These services mainly focus on the physical health of the child, do not focus on the other developmental areas, and pay less attention to the child’s functional skills, child-parent interactions, and the child’s meaningful involvement in the home and community. There is also a lack of data and outcome-driven decision-making about which services are meeting the individual child and family needs.

However, since the methods, procedures, and organization of the ECI services identified in these documents are not specified, both municipalities and service providers lack needed clarification about how to most effectively contribute to deinstitutionalization measures and support child and family outcomes.

The “Social Inclusion Project”

The other legislative act that concerns ECI services in Bulgaria is the “treaty” between the Bulgarian government and the World Bank, ratified by the Bulgarian Parliament, to develop services for children and families considered at-risk through the so-called “social inclusion project.”¹⁶ This project will allow community centers to be built in 69 municipalities in Bulgaria.¹⁷ The community centers will have two types of services – services for children age 0-3 and services for children aged 4-7. The services for children 0-3 include: a) early childhood intervention centers for children with disabilities (in 44 Municipalities); b) services to develop parenting skills; c) family consultation and support services; d) health consultations; e) day care for children; f) costs for attending a nursery.

The social inclusion project is a considerable step toward developing family-centered services for children and supporting the inclusion of disadvantaged children in mainstream education. It is especially encouraging that the project is piloting ECI services for children with disabilities age 0-3. However, since the delivery model is not specified, these can be center-based or home-based or both; it is not clear what approaches will be adopted by different municipalities and indeed what staff will be employed, the training they will receive, and what impact is expected. Even worse, municipalities are free to choose whether or not to fund services for 0-3 year olds.

Furthermore, since the development of ECI services in Bulgaria is currently dependent on EU and World Bank funding, there is concern for their future sustainability.

Deinstitutionalization

The national “Vision for Deinstitutionalisation of Children in the Republic of Bulgaria” provides an action plan intended to ensure the closure of state-run institutions for children and the development of community services to be implemented by regions

¹⁶ See Law for ratifying the loan treaty (social inclusion project) between the Republic and Bulgaria and the World Bank (2009).

¹⁷ This figure is subject to change because the Social Inclusion project has recently entered into a second phase, where more Municipalities may be funded.

and municipalities. Between 2009 and 2010, the number of CWSN in institutions fell slightly from 1074 to 994. This means that an estimated 20 percent of all CWSN are in institutions.¹⁸ Under the deinstitutionalisation plan, of the 32 institutions in Bulgaria, 8 will be closed by 2016. It is estimated it will take 15 years to close them all. However, progress currently is rather slow. Only 2 were closed between 2010 and 2012 and both had support from an NGO. The rate of closure is a matter of concern for many NGOs in the country.

It is also worrying that two years after the beginning of the process of deinstitutionalization in Bulgaria, ECI services for children with disabilities, which have been planned by the government, are still not launched. This makes the efforts for prevention of abandonment of children with disabilities in Bulgaria even more difficult.

New Services to Discourage Abandonment and Institutionalization

New community services are being established to compensate for those traditionally offered by institutions. ECI services will be offered by “family consultation centers” to support parents of newly born babies and those with disabilities and low weight. They will also offer short-term shelter for mothers and babies.

ECI services will also be provided at the level of maternity wards in hospitals in order to prevent abandonment of babies. The services for children with disabilities will be provided by multidisciplinary teams. In addition, another package of services will be established – the so-called “mother and child health centers.” These centers will offer “early health intervention” for children with disabilities, consisting of medical rehabilitation and consultations and training for parents. Some of the services will be mobile services. Thirty-two family consultation centers and mother and child health centers will be established, corresponding exactly to the number of DMSGD that will be closed. The centers should constitute a good basis for meeting the ECI services needs of children age 0-3 in Bulgaria since they will incorporate the whole family and will thus offer more comprehensive support.

However, several risks threaten these emerging, comprehensive, and integrated services. This may mean that these services, although technically new, will continue to function in accordance with the existing “medical model.” Of particular concern is the likely hire of many of the personnel from the closed DMSGDs to deliver the new services without proper retraining and ongoing coaching and close supervision. Although the Bulgarian government has planned to undertake training for the staff employed in the new services, there is no evidence that the training provided will be according to the internationally recognized ECI service- and evidence-based

¹⁸ Based on UNICEF estimates that there are 373 000 children aged 0-5. Three fifths of this figure (children aged 0-3) is 223 800 and estimation proportion of CWSN at 2.5 percent of this is 5500. 994 is approximately 18 percent; i.e. close to the 20 percent noted in the text (Ed.).

approaches. As ECI services and related fields are not taught as a main subject by Bulgarian educational institutions, there is a lack of specialists equipped with ECI service knowledge and skills, and with skills to train others¹⁹. If appropriate training is not provided, old practices may continue to operate and take a firm hold in the new services.

In contrast to the institution and day care services offered in the municipality of Varna, the NGO Karin Dom provides an alternative service mainly through home visits to work directly with children age 0-3 and the family. They also support a center-based, parent-toddler play group. Karin Dom has also developed a family support network for advocacy, parent-to-parent counselling, and provision of resources such as toys, special aids, and books. Karin Dom supports family preservation through breast feeding support in hospitals with mothers deemed at-risk of abandonment using methods that are aligned with evidence-based practice and international standards. Karin Dom is also strengthening its training capacities in both ECI services and breastfeeding support.

Other projects intended to deinstitutionalize children include those run by the Agency for Social Assistance, the State Agency for Child Protection, and the Ministry of Health. However, evidence from the National Network for Children (2012) suggests that the implementation of reforms is slow with possible negative consequences on families and children.

Family-focused ECI services are being promoted by Karin Dom Foundation as a way forward. So far progress at the government level has been slow and although a new mobile team had been envisaged alongside re-modelled institutions there is no funding and no master plan. During the focus groups,²⁰ the study revealed that the terms “early intervention,” “early diagnosis” and “early childhood development” were used interchangeably. Furthermore, children and families that are “at risk” in more general terms rather than CWSN were seen as the main client group of the new service. The lack of common understanding, about “early intervention” and the nature of the client groups to be served will inevitably hinder progress in developing new services. There is some urgency to resolve these questions since the World Bank-funded social inclusion project will become the pilot to develop ECI services throughout Bulgaria.

An analysis of ECI service-provider organizations in 10 towns revealed the variety of funding sources employed. Only 6 received state-based funding; all 10 had a mixture of donor funding including EU funds. Most of the towns focused on children with special needs of one sort or another and the majority provided home-based social services (in

¹⁹ The few organizations which currently implement ECI services in Bulgaria have been trained by international trainers or by other Bulgarian NGOs, trained by international trainers.

²⁰ Focus group participants in Varna represented municipal administration, maternity hospitals, the local agency for child protection, and the Regional Inspectorate for Education and NGOs. In Sofia, the focus group included representatives from the municipal administration, government consultants, representatives of NGOs from Sofia and other cities in Bulgaria, and UNICEF.

contrast to medical services) that were highly appreciated by families. However, four organizations had ceased to provide services because of a lack of funds.

Data gathered from the case study suggests there is municipal support for the Karin Dom model, including some financial support for ECI mobile services and these services might be more fully supported by municipality funds in the future. Furthermore, Karin Dom may become a trainer in the World Bank project, which would allow Karin Dom to develop its service delivery methodology and standards and replicate them throughout the country.

Funding

Deinstitutionalization

The main funding for closing the DMSGD will come from the European Social Fund and the European Regional Development Fund with national co-funding. *Table 1* below represents the indicative funding for infrastructural investment and services that will be launched as alternatives to DMSGD. The budgets are aligned with the existing and planned funding as part of the planning periods of EU structural funds for 2007-2013 and 2014-2020.

Indicative funding for infrastructural investments for new services in place of DMSGD	13 695 000 EUR (per year?)
Indicative funding needed for implementing alternative services in place of DMSGD	15 088 945 EUR per year

Table 1. Indicative funding for infrastructural investment and services in place of DMSGD

Since the financial framework of the project is tied up to existing or predicted EU funding, it is not clear if there will be government money for sustaining these services after EU funding ends. This is particularly risky because, based on evidence up to 2012, the money saved from the budget of the closed DMSGD is not being re-invested back into developing community services for children age 0-3 but is incorporated in the general state budget.²¹

The World Bank Social Inclusion Project

The World Bank-funded social inclusion project envisages 37.39 million EUR to establish multi-service support for children aged 0-7 in “at-risk” families over two years. In this context, new methods of working will need to be developed since currently there is little cross-agency collaboration.

²¹ Statement of the National Children’s Network, 2012 (www.nmd.bg/Position, accessed on 12.02.2013)

Municipalities have the responsibility for the governance and the delivery of the services that they can either manage themselves or outsource. Funding provided by the central government can only be transferred to municipalities that will then have a choice on how to administer social services within the framework of the national policy.

Services will be set up in the new community centers. They are unlikely to become part of the state delegated services in the next few years. Therefore, the municipalities will need to work out how to continue them, as agreed for a further five years, when the World Bank funding ends. This will be easier for large municipalities than for smaller ones and the impact on communities will depend essentially on local wealth.

Furthermore, it is expected that in general they will not be outsourced (e.g., to NGOs (although Varna will be an exception) because budget cuts will lead to the funds being used to retain current staff. It is anticipated that the government will secure further funds from the European Union to continue the services. Within these scenarios there are substantial uncertainties about the continuation and development of these services in the near future.

Budget Calculations

During the preparation process of the Social Inclusion Project, the municipalities had to plan the new services for children at-risk without knowledge about the specifics of the services that would be provided; some of the services were simply entirely new for Bulgaria. However, lacking experience, most municipalities have followed the World Bank model, which appears to underestimate the real needs of children and necessary professionals.

Municipalities have therefore planned their services according to the World Bank's project framework, which is similar to the state-delegated services in terms of the logic of costing, but with different financial parameters. The state-delegated services are the core of the social service delivery in Bulgaria. They are guaranteed by the government and administered by municipalities.

A national financial standard that measures the capacity for state-delegated service provision in terms of "number of places" exists. Most service providers and social commentators agree that this is not a good model for calculating the cost for social service provision. Unfortunately, however, this model was also used by the municipalities to calculate and plan the new ECI services within the Social Inclusion Project. This means that the financial planning of the new ECI services was not based on the real needs of children or professionals, but on a financial framework provided by the World Bank project.

The report identified two major drawbacks: "First, the early intervention services will have to be delivered according to a financial framework that does not necessarily reflect the specific requirements for these particular services. The methodologies that

are due to be developed will have to reflect the existing budget, rather than the other way around. Secondly, the municipalities that will administrate the services (and, respectively, the external service providers) will have to comply with the existing approach of planning, accounting, and delivering social services, thus having little or no opportunities to learn new forms of work or advocate for a different logic of service provision” (p. 56-7).

Chart 1 shows a comparison of budgets (for one child per year) for social services which could incorporate ECI services. According to their financing source these services are state-delegated services, municipal funded services, and planned services as part of the Social Inclusion Project in Varna Municipality.

Available funding for social services for children age 0 to 3

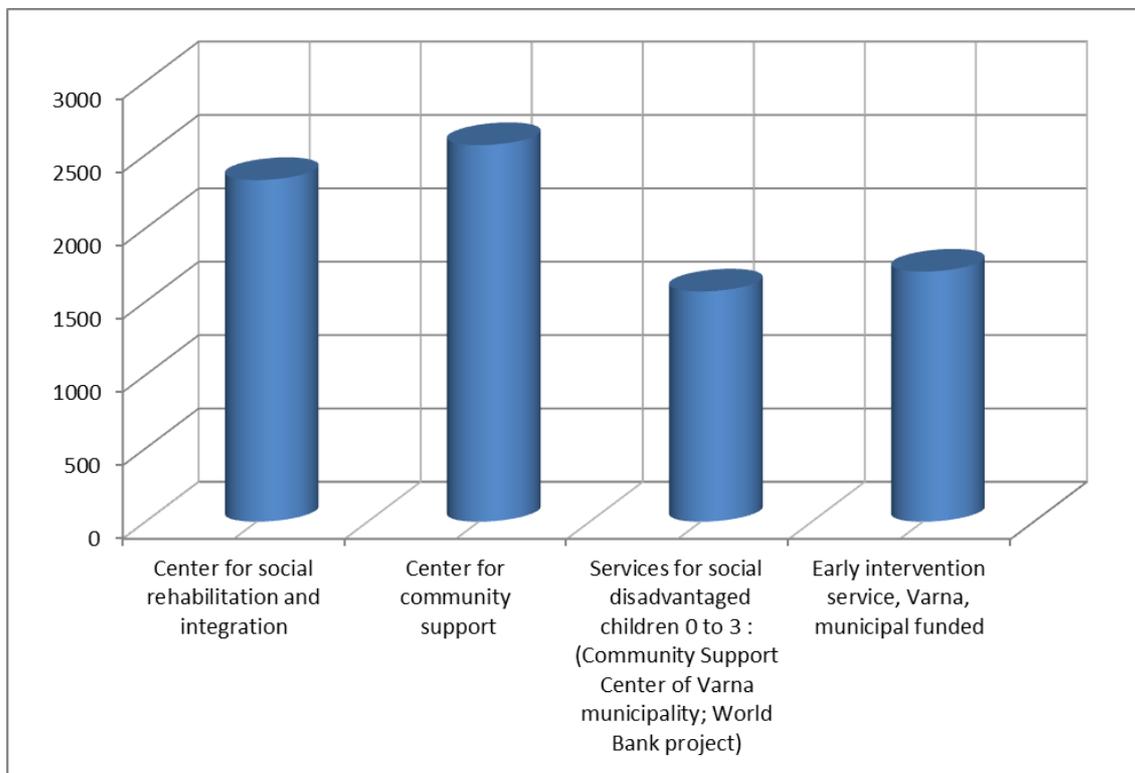


Chart 1. Disparities in funding for social services for children age 0-3 in BGN (1 EUR=1,96 BGN)

The chart presents the budget of different types of services that are used by service providers as a way of funding ECI services. For example, ECI services in Vidin are financed through the Center for Social Rehabilitation and Integration and in Stara Zagora through the Center for Community Support. Although there is variation between the budgets for both service providers, the ECI services delivered are similar.

The chart above shows a bigger difference between the costs of the current state-delegated services (Center for Social Rehabilitation and Integration and Center for Community Support) and the proposed costs for ECI services in Varna—the services for disadvantaged children 0–3 in the Social Inclusion Project and the municipal-

funded ECI service. The reasons for that could lie in the different approaches of calculating the services or the type of services. The variety of costs confirms the need of official state standards that provide a budgetary framework. The expectation of the service providers, confirmed also in the focus group (Sofia), is that “the budget for early intervention services should assure flexibility depending on the needs and resources of every local area.”

In the bigger regional cities, the offer of a variety of services already exists or could happen within the Social Inclusion Project or deinstitutionalization process. However, the provision of mobile ECI services should be considered for smaller and remote local areas where municipalities cannot provide municipal-delegated services or where there is no capacity and or resources (e.g., qualified professionals). Good planning and combination of resources from the local and regional level are necessary in order to achieve not only good quality but also cost-effective services.

Conclusions

Bulgaria is at the beginning of a process of deinstitutionalizing and developing new community-based services for CWSN and other abandoned and at-risk children. There are a series of legal acts and policy documents that set the stage for these new arrangements and initial funding has been secured from the European Union and the World Bank to implement them – although thus far progress has been slow. There are also some promising family-focused, contemporary ECI service models that have been developed and implemented by NGOs.

The funding to support these new community-based services will flow from the central government to the municipalities, which will then either deliver the services themselves or outsource them. Because the professionals involved are likely to be transferred from institutions to the new settings there is a real danger that this process will simply lead to the creation of the same medically-oriented services but in a different context. There is also great concern that the budgets assigned for the implementation of these services are inadequate, since they are less than the costs of other state funded services.

The fact that there is little or no initial or in-service training for professionals to develop a more systems-based approach to the design of ECI services and to provide the opportunity to move away from the current “medical model” is a serious challenge that will need to be addressed very soon.

Ukraine



A visually impaired student at the Barvinok pre-school in Lviv is shown how to play a violin.

Photo by Svitlana Efimova/Lviv In-Service Teacher Training Institute

The Research Team

The Ukrainian report was prepared by Natalia Sofiy of the Ukrainian Step by Step Foundation in collaboration with Olena Patrykeeva, the head of the Department of Monitoring Studies in Education, Institute of Innovative Technologies and Content of Education and Iryna Vasylyashko, the leading expert of the Department of Monitoring Studies in Education, Institute of Innovative Technologies and Content of Education, the Ministry of Education and Science (MoES), and the Institute of Special Pedagogy of the National Academy of Pedagogical Sciences of Ukraine and Pedagogical-Medical-Psychological Consultation.

Methodology

Data were gathered via document analysis, interviews with ministry and local educational authority specialists and school administrators, and surveys of pedagogical staff and parents. The study focuses on four types of special schools and kindergartens for children with sensory, mental and physical disabilities; inclusive preschools and

secondary schools and educational rehabilitation centers in Kyiv city and oblast, Lviv oblast in western Ukraine and the city of Simferopol in Crimea. Overall, 25 educational establishments in urban and rural areas were involved in the study. Information was gathered from 17 specialists in central and local government departments, 24 school administrators, 81 pedagogical staff, and 480 parents, for a total of 602 respondents.

Overview

The Ukraine has been in the process of introducing inclusive education over many years. It signed the UNCRPD and the protocol in 2008 and ratified them in 2010. It introduced the goal of inclusive education into new law. The Ministry of Education and Science (MoES) has overall responsibility for an education system that is funded and administered at state and local levels. Nevertheless the education of CWSN is not the sole responsibility of the MoES but instead is disseminated across other ministries. Special and regular education are two separate administrative arrangements. The system does not use a results oriented budgetary control system but is currently introducing such a model. Schools educating and caring for CWSN receive additional budgets that are based on previous year's estimates. There is a paucity of available and reliable data on CWSN.

Governance

The Ministry of Education and Science, Youth, and Sports has the overall responsibility for education and the curriculum but state-level and local-level governments are responsible for financial provision and local administration.

The Constitution of Ukraine gives all citizens the right to free education in state and municipal educational establishments and the Law of Ukraine 2010 outlines the main goals, tasks, and expected results of the development of inclusive education including improvements in legislation and financing in this area. It gave general secondary schools, which include children at both primary and secondary levels, the right to establish special and inclusive classrooms for children with special educational needs. The Law also described necessary conditions schools must provide for SEN students such as physical access, specialists and additional services, IEPs. A later resolution established a new profession of "teacher assistant of the inclusive secondary school."

Preschool education caters for children aged 2 months to 5 years. It is compulsory for children over the age of 5. There are different types of preschool such as nurseries for very young children, kindergartens, special and sanatoria nurseries for CWSN, nurseries/kindergartens that combine regular, special sanatoria and family classrooms, centers of child development for children aged 2-7 who receive their education at home or at other preschools and "kindergartens of the family type." Admission to these various establishments is dependent on the director of each school and admission into a special group requires assessment by the psychological-medical-pedagogical consultation (PMPC).

Education in the special preschools follows a program that is adapted from the one used in regular preschools and with different correctional methods. Schools for children with mental disabilities follow a different program.

Compulsory education comprises regular schools as well as special boarding schools for CWSN and education-rehabilitation centers for children with complex disabilities. These two school systems operate under different governance frameworks.

There is considerable flexibility for general secondary schools to create clusters of different types of school together with preschools, including special and inclusive classrooms, to meet student needs. This includes the possibility of evening and distance forms of education.

The Cabinet of the Ministers of Ukraine is the supreme body that develops the state budget and coordinates the relevant ministries – the MoES (general education and teacher training, standards of provision, and finance), the Ministry of Health (responsible for children’s homes), and the Ministry of Social Policy (responsible for special schools for children with severe disabilities).

However, local authorities are responsible for financial provision for regular and special schools and for local implementation by the educational authorities at the level of oblasts; departments of education in the districts/cities; and the commissions of education at the village councils.

Provision for Children with Disabilities

There is a large number of different facilities catering to CWSN that are administered by different ministries. The MoES administers regular preschools and the general secondary schools with special classrooms, special preschools, special boarding schools, and psychological-medical-pedagogical and educational-rehabilitation centers.

The Ministry of Health runs the health centers, centers of early intervention and children’s homes.

The Ministry of Social Policy and the State Agency for Youth and Sports run special boarding schools for children with severe mental disabilities, centers of social-pedagogical rehabilitation, and special homes for children.

Special education and regular education are two separate systems and the research carried out for the report suggests that this is strongly supported by teachers but less so by administrators at state and local levels. There is some support from teachers to make the special schools into resource centers. Special education is organized under types of disability that includes education and specific correctional activities. There are special nurseries and sanatoria for preschool aged children and special schools and boarding schools for CWSN as well as educational rehabilitation centers for those with complex disabilities.

A majority (56 percent) of parents do not want to place their children into inclusive mainstream schools, mainly, it seems, because these schools are not ready to receive CWSN, there is no adapted learning environment, there is a lack of special programs, and teachers are not trained to work in inclusive classrooms.

Funding

Teachers in preschools and special (boarding) schools receive a pay premium of 15-25 percent.

Funding of education is via central and local budgets. State budgets fund: special comprehensive secondary schools and boarding schools that belong to the state and secondary schools of social rehabilitation.

Local budgets fund special comprehensive secondary schools that do not belong to the state and all other educational establishments including special schools for CWSN.

The state makes budgetary transfers to Oblast and District levels according to formulae, one element of which is to equalize funding across Ukraine. Local budgets also weight per capita allowances according to perceived need. Thus, in boarding schools, the weighting is 6.6 and for special classrooms in general secondary schools it is 2.5. In addition, the adult (teachers plus other professionals) to pupil ratio in special schools is much more favorable than in regular schools.

Nevertheless, the funding that arrives at the school is based on the previous year's allowance and according to most school directors is generally inadequate. One anomaly is that although the state supposedly pays for teachers' salaries, it is recommended that new positions in regular secondary schools that would support CWSN are paid for by the school's "special" fund – which is usually empty. Sometimes there are additional funds provided by parents and other community organizations – but these funds are meagre.

A different budgetary control mechanism (program-aimed method of budgeting) has recently been introduced by the Ministry of Education, which links expenditure with indicators of the quality and extent of provided services. However, results oriented indicators of inclusive education are not currently available.

Survey on Schools' Budgets

The current legislative framework and recent changes are not seen by all respondents as supporting inclusion or being a positive influence on the operation of the school. About half of the specialists and school directors thought that they have the freedom to raise additional funds for the school. In practice the education authority makes the decisions about school budgets in the majority of schools surveyed. This "top down" approach to budgeting is viewed as unhelpful for providing adequate additional support to children in need and disconnected from the real needs of these children as viewed from the ground. Schools operate on an estimate-based funding model in a general

context of decreased budgets. Because this model is not outcome based it tends to demotivate staff and inhibit development possibilities for the schools. In the context of inclusion, the specialists held the view that schools implementing inclusion should receive more funds. The “estimate” model as currently used would need to be adapted for inclusive education. At present, there is little possibility of fungibility across the usual budget categories of salaries, energy needs, utilities, etc. leaving little scope for additional services for CWSN.

The results of the survey give a fairly strong message that there are not enough funds and school directors do not have enough control over them and are not able to raise additional funds. Schools are expected, however, to be given more control over their budgets in the future.

Expenditures are monitored by the local authorities and there is some evidence that this is perceived to have significantly improved the situation in the special schools.

Parents

In the context of a general lack of funding parents will step in, if they have the funds themselves, to try to help. Those who do not have surplus funds will use what they have on therapy for the child, transportation, food, and clothes. In the majority of cases where parents spend money on school related activities, their children are in inclusive settings. In light of these observations, it is not surprising that the majority of parents do not believe that their child’s school is adequately funded. Even though 91 percent of parents are satisfied with the quality of instructional and correctional developmental services provided at special schools, 42 percent think that the provision is mediocre with lack of equipment. This probably provides a partial explanation for why special schools are looking for extra funding from donors.

“Within the financial crisis it is very difficult to get adequate funding for education. Therefore the special schools are actively looking for donor organizations to get the extra funds necessary for improvement of their material and technical resources”. (Ukraine Report, p. 54.)

On the other hand, the majority of specialists, school directors, and teachers are not satisfied with the extent of the provision of the material-technical and scientific-methodological resources available in the schools. Parents are more evenly divided on the availability of material-technical resources with a slight majority believing they are sufficient.

Reforms

Although Ukraine has policies of inclusion in place that imply the unification of the two systems of general and special education, approximately two-thirds of school directors and teachers would prefer to maintain the autonomy of the two systems while the specialists in the ministry and local authorities are split on this issue. Only around one-

fifth of three groups of respondents (government specialists, school administrators, and teachers) support the idea of transforming special schools into resource centers.

In the general context of underfunding of education, more teachers than parents are pessimistic that special school reforms will improve funding and resources. Special schools are fearful that they will be closed. Regular schools want special schools to share their resources and argue for the “money follows the child” principle. But as it stands, the money comes from the “network” and there seems to be no motivation to change this approach since schools receive funding based on this principle even if some of them use the funds ineffectively.

When parents with children in special schools were asked if they would like their children to “study in the inclusive school?” just over half (56 percent) replied that they were not ready to make the transfer. In this context, it should be pointed out that the majority of regular schools are not ready to accept CWSN since they lack the necessary trained teachers, programs, and adapted environments.

Conclusions

There are substantial barriers to developing inclusive education inherent in the governance and financing systems that should be addressed. The responsibilities for the education and care of CWSN are divided across different ministries creating a complex web of provision on the ground with rigidities in the possibilities of children moving from one type of school to another. The implications of the reforms toward inclusive education, that are implied in the UNCRPD and have been taken on board by the MoEYS, need to be taken up with other ministries, especially with the Ministry of Finance.

Following the decentralization of funds and responsibilities, there is a need to develop monitoring procedures that should be done locally. There is recognition for different levels of resources for different types of CWSN but the overall level of funding needs to be increased. There is a need to develop more training and development for staff. The data provided seems to be full of contradictions and it is clear that the available databases need improving.

Lithuania



A teacher gives individual instruction to a 4-year-old boy. Photo credit: Daina Karlonaitė

Research Team

The report was written by Peter Evans, an external consultant, and Regina Sabaliauskiene, the director of the NGO - The Center for Innovative Education

Methodology

The report on the development of inclusive education in Lithuania was not carried out as part of the work on finance and governance but is included here since it illustrates the long journey from special school-based special education to a largely inclusive system. The main data sources are interviews with key actors and stakeholders – four representatives of the Ministry of Education and Science, three from the National Center for Special Needs Education and Psychology, two from an NGO for people with intellectual disabilities, two from the Pedagogical-Psychological Service of Vilnius, two from the Pedagogical-Psychological Service of Šiauliai, two from Vilnius University Children’s Hospital Child Development Center, one from the Vilnius “Versmė” Secondary School, two from the Šiauliai “Romuvos” Basic School, two from the “Ciauskutis” kindergarden in Vilnius, two from the Faculty of Social Welfare and Disability Studies at Šiauliai University, and one from the Ministry of Social Security and Labor. The report is also based on a review of documents obtained from the Ministry of Education and Science, the National Center for Special Needs Education and Psychology, the Pedagogical-Psychological Services of Vilnius and Šiauliai, the Vilnius

University Children's Hospital Child Development Center, The Vilnius "Versmė" Secondary School, the Šiauliai "Romuvos" Basic School, the "Ciauskutis" kindergarden in Vilnius, and the Faculty of Social Welfare and Disability Studies at Šiauliai University.

Overview

Since independence from the Soviet Union in 1990, Lithuania has been re-creating its democratic structures and reforming its education system to make it more inclusive for CWSN. The process commenced by making the education of *all* children, including those with disabilities, the responsibility of the Ministry of Education and Science (MoES) and led to the creation of special education boards in mainstream schools, the deletion of certain defectology based terms from the law, and efforts to make all schools accessible. Special education law has finally been absorbed into the general law on education.

Responsibility for education has been passed down to municipalities but central government plays the major role in funding special education. Individual CWSN receive a 35 percent per capita increase in funding (called a "basket"), no matter where they are educated, and those CWSN with more complex problems can receive more than one of these baskets.

There has been a very strong political will to introduce inclusive education with powerful backing from teachers who "experimented" by teaching children with different disabilities together and then generalized this approach to include children without disabilities. There has also been substantial pressure from parents' organizations and considerable external funding. A particular feature of the reforms in Lithuania has been an extensive collaboration between Lithuanian and North American teachers over a 20-year period that has helped to develop the skills necessary for providing inclusive education. The data speak for themselves, with 70 percent of CWSN being educated in regular schools in contrast to 11 percent in Estonia and 5 percent in Latvia (OECD, 2009).

Governance

There have been three phases to the development of the laws governing inclusive education dating back to 1990. During the first period of 1990 to 1997, the main thrust was to bring all children into the education system and to give parents a choice over the type of school they wanted their child to attend. Integrating special needs children into mainstream schools was promoted by creating special education boards of mainstream schools.

During the next phase from 1998 to 2002, the views of children themselves were taken into account when determining a placement. Certain medical expressions such as "diagnostic specialists" and "corrective education" were deleted from the law. New definitions and principles of Special Educational Needs were incorporated into the law along with the recognition of the need to supply assistive devices and transportation to

and from educational institutions for those with SEN under the age of 21 who require transportation either because of immobility or being unsafe on the streets.

The third phase from 2003 to 2012, required that all schools are accessible, that they provide formal and informal education and develop an environment that meets the needs of SEN pupils who may also be supported by special services. All schools should have a Child Welfare Commission and almost all municipalities should have a pedagogical psychological service.

Municipalities have the responsibility to administer all special schools in the context of reducing their numbers and creating resource centers and increased services. More recently, it has been proposed that the law on special education should be incorporated into the law on education as part of an anti-discrimination program.

The Ministry of Health

The Ministry of Health (MoH) has created a network of child development centers across Lithuania for children aged 0-7 with disabilities. The MoH also runs infant homes that take care of children during the day time. In addition, there are children's homes for older children.

Coordination of services

The coordination of education, health, and social services is viewed as essential in delivering effective services in schools and for supporting the parent/guardians of children with disabilities.

Funding

In this context of creating inclusive education, the MoES has the responsibility of providing substantial additional budget to municipalities for new types of specialist teachers and services. The new budgetary levels are achieved by providing each SEN student with a funding "basket." This provides an additional 35 percent per pupil over the normal per capita cost in compulsory and preschool education. Children with more complex needs may receive more than one basket.

Lithuania's education reforms have been strongly supported from a number of different sources. Since 1992, the World Bank has provided USD 490.8 million. Further reforms have been required during Lithuania's accession process to become a member of the European Union. In 2004, €7.9 million was received for 2004-2006²² and €11.6 million for 2007-2013 from the EU structural fund.²³ ²⁴EU membership requires all member states to update their legislation and practices in line with EU policy and directives.

²² <http://www.investlithuania.com/en/why-invest/investment-incentives/EU-support>

²³ http://ec.europa.eu/information_society/activities/digital_libraries/doc/mseg/meetings/4th/our_presentations/lt_structural_funds.pdf

²⁴ It should be noted that these funds support a wide variety of sectors – not just education.

Parents' Organizations

According to the parents' organization "Hope," parents' organizations have played a key role in Lithuania in lobbying for inclusive education for SEN children since before the Soviet period and now they are consulted by the government on proposed changes to legislation. They have influenced teacher training and the creation of the CDCs and social worker support for families. They are also very active in other projects aimed at positive social changes for CWSN. For example, "HOPE" will be involved in the commission reviewing institutionalized provision of inclusive education for SEN children in the country.

Other External Support

One of the major influences for introducing democratic change and changes to teaching practices and supporting inclusive education has been the work of the American Professional Partnership for Lithuanian Education (A.P.P.L.E.). With the support of the Lithuanian Ministry of Education and Science, representatives of A.P.P.L.E. partnered with Lithuanian educators to foster the implementation of innovative educational approaches that contributed to the development of a democratic society. This partnership was brought about in 1990, when the then minister of education, Darius Kuolys, who had been a long-time Open Society Fund-Lithuanian board member and knew that special education was better in North America than in Lithuania, invited Vaiva Vėbraitė, a Lithuanian living in the United States, to become vice-minister of education and Juratė Krokytė Stirbienė, a Lithuanian also living in the United States and an expert in special education, to organize seminars for Lithuania's teachers. As a result, the A.P.P.L.E. organization was formed. Details of the program are given in the attached full report on Lithuania.

It is probably difficult to over-estimate the importance of these international collaborations and their impact on inclusive education in Lithuania that have lasted for more than 20 years. It is also important to stress the political commitment to democratic values and inclusive education demonstrated by the MoES, which has clearly played a key role in implementing educational reforms.

Data

Comparative data gathered as part of the OECD study on SEN students in 2005-2006 (OECD, 2009) shows clearly the impact of this work in contrast to the neighbouring countries of Estonia and Latvia. In Lithuania, 4.31 percent of children in compulsory education were classified as having disabilities and of these 70 percent were in regular schools. These figures contrast starkly with the position in Latvia and Estonia where the equivalent figures are 3.99 percent and 5 percent and 3.53 percent and 11 percent respectively²⁵.

²⁵ This table presents the only comparable data available. It is likely the situation has changed since with all three countries now including a greater proportion of CWSN in mainstream schools.

Table 1. Proportions of children with disabilities in compulsory education 2005-2006 in Lithuania, Estonia, and Latvia.

		Lithuania	Estonia	Latvia
Children with Disabilities	Percent total	4.31	3.53	3.99
	Percent regular classes	70	11	5

Conclusions

The governance of education and special education has been slowly decentralized, special schools have been closed, and substantial support provided for including CWSN in regular classrooms. But this has been a slow process and after more than 20 years of reform there are still some CWSN in special schools. Key features of the success have been long-term political commitment for reform, parental involvement, substantial inputs into training of professionals, the development of PMCs in almost every municipality, the supply of the necessary funding, and the recognition that different types of disability require different levels of funding.

Conclusions



Misha communicates with a friend on the playground at Pre-School #138 in Kiev.
Photo by Tetyana Ivanova/Mother

The five country case studies on which these summary reports are based provide an opportunity to reflect on the factors that promote, and inhibit, inclusive practices in the kindergartens and schools of the region. The case studies are quite different in focus, age range covered, and scope, ranging from early intervention services for children with disabilities aged 0-3 (Bulgaria) to governance and funding mechanisms for inclusive schools (Latvia and Ukraine), from a new law on the assessment of children with disabilities (Serbia) to a comprehensive reform in favor of inclusive education running over many years (Lithuania). The initial focus on governance and financing broadened to encompass a wide range of issues that impinge on inclusive practice, including how inclusive services are structured. Much of the content of the country reports is specific to the country in question, and the overall enterprise is not, strictly speaking, a comparative study. It does, however, provide a context for examining reforms that promote inclusive practices across the region and for illuminating the account with

some, albeit limited, evidence from countries within the region, about which there is relatively little systemic information.

Political Will

There are many factors that impinge on inclusive practice, and a number are discussed here. Prior to all of them perhaps – since their realization depends on it – is the existence of a mindset in favor of including those who are different in whatever ways into the mainstream of society. This is being referred to here as political will but it is not a matter just for elected representatives, though they are of course uniquely important. Teachers, psychologists, special educators, medical and welfare professionals, parents, and the general public all have a role to play. If any of these groups are wedded to a view of society where children with disabilities are best provided for in separate institutions, inclusive practice will not become the norm. It will be very difficult to put in place the supports that inclusive practice requires, and children with disabilities will continue to be separated from their peers.

Lithuania offers a good example of the importance of broad support for the principles of inclusion. Parent organizations have long lobbied for inclusive education for their children with disabilities. Since independence in 1990, the impetus toward democratic structures and processes has provided a supportive framework for moving away from segregative language and practices vis-à-vis disability and for including all children within a common educational framework. Likewise, the support of teachers has been crucial since, in its absence, inclusive classroom practice cannot be achieved.

While there is a good deal of rhetoric in favor of inclusion in these five countries and across the region, its impact is blunted when political will and support from key groups are not forthcoming. Medical models of disability are not as predominant as they were but they have not disappeared, and many teachers, parents, and members of the general public share a belief that children with disabilities need to be looked after in specialized ways and that this is generally best done in segregated environments. Teachers, in particular, are prone to seeing children with special needs as falling outside their expertise or remit. All of this means that, while inclusion is acknowledged as an important principle, its implementation can continue to be deferred to an uncertain time in the future when conditions will be more favorable. It may be noted that these tensions around different mindsets are not confined to the region. There are widely different exclusion rates across Western Europe: the proportion of pupils in segregated special schools ranges from 0.03 percent in Italy and 0.31 percent in Norway to 2.73 percent in the Netherlands and 4.34 percent in Germany¹⁰¹. (These figures refer to 2012 and are supplied by the respective ministries of education to the European Agency for Development in Special Education – <http://www.european-agency.org/>. Retrieved on 3.12.13.) These reflect powerful social movements in the countries in question. In Scandinavia, normalization – accepting people with disabilities as an integral part of society and offering them the same conditions of life as other people – has had broad

societal support since its initial articulation in the sixties. Likewise in Italy, the movement away from large, impersonal institutions gathered momentum from the mid-seventies as psychiatric services moved from long-stay hospitals to community care; the underlying mindset in favor of community provision swept into education, and special school numbers dropped rapidly as a result. By contrast, in other countries that still segregate large numbers of children, disability continues to be medicalized and disability categories given an undue prominence in educational provision. This often results in broad support for specialized, segregated provision.

Governance

The governance of special education was a key theme in all five country reports, frequently as an explicit focus of concern but, if not, as an essential factor underpinning reform efforts. Each of the countries had signed the UN Convention on the Rights of Persons with Disabilities, and all but Bulgaria had ratified it; in some cases this was cited as a stimulus for developing national legislation. Where relevant, EU membership and EU directives on inclusive education were a further stimulus in this direction.

Four aspects of governance recurred in the reports: the location of administrative responsibility for children with special needs; coordination between different service providers; the relationship between special education and general education; and the relationship between central government and municipal or local authorities.

A key principle of inclusive provision is that all children are subject to the same administrative arrangements and, specifically, that their education is the responsibility of the education ministry. Historically, responsibility for children with disabilities has been vested in a range of other ministries as well as education, e.g., health or social welfare. A strong trend internationally has been for all children, including those with disabilities, to be the responsibility of education ministries. Progress in this direction is uneven in the five countries. Lithuania made it a principle of its reform effort that the Ministry of Education took responsibility for all children, regardless of the severity of their disabilities, and has followed through with appropriate legislation and structures. By contrast, in Ukraine, children's homes and early intervention centers are run by the Ministry of Health, and special schools for children with severe disabilities as well as other centers are run by the Ministry of Social Policy.

Even when education ministries are responsible for all children, a range of other ministries, service providers, and NGOs remain involved: children with disabilities are likely to have specific needs in respect to health care, therapy, transport, social services and family support. These needs should be considered at every stage from initial identification and assessment through to program planning and implementation. Historically, the different service providers have tended to work in relative isolation from each other. Moreover, when children with disabilities attend a mainstream setting, a common complaint is that services that might have been available in a special school are no longer available or only available in a fragmented way. The

interests of the child are best served when the different service providers work collaboratively, and it is imperative that service providers develop collaborative ways of working that center on the child and his/her family. This becomes all the more important under inclusive practice when the special school is no longer available as a convenient focus for services.

The experience of Serbia is instructive in this regard. A multidisciplinary structure has been created to combine inputs from education, health, and social welfare in respect of primary school-aged children with developmental difficulties and disabilities. This entails appointing multidisciplinary teams at the local level to assess the needs of individual children for additional support in inclusive settings. The operation of these teams is overseen at the national level by a cross-ministerial body with a remit to support and monitor the work of the local teams. The whole enterprise is underpinned by guidance manuals and training developed jointly by the three ministries. While these developments in Serbia are at an early stage and far from fully established, they represent a significant effort to ensure that children with disabilities benefit fully from diverse professional inputs in a coordinated way.

A further challenge to inclusion can arise when special education is a separate system from general education with its own administration, funding arrangements, and teacher education. This entails a de facto segregation, and it is exceedingly difficult to create inclusive schools when such separate systems exist. Thus in Latvia, where special education and regular education are discrete systems, there are distinct funding models that stand in the way of efforts to meet the needs of children with disabilities in mainstream settings. Similar difficulties can be found in Ukraine, where a majority of school directors and teachers surveyed in the study wanted to maintain the current separation between the two systems. By contrast, in Lithuania special education law has now been absorbed into the general law on education; as discussed below, this has led to patterns of funding and other support that facilitate mainstream schools in meeting all children's needs.

All of the five countries surveyed have developed or are developing decentralized arrangements for administering education in recognition of the need for greater flexibility and attention to local context. This applies also to children with disabilities. Much of the practice is at an early stage, however, and there are widespread differences in the treatment of children with disabilities in this regard. This is evident in capitation amounts, access to additional support, and transport. Thus in Lithuania, while responsibility for education has been passed down to municipalities, the central government plays the major role in funding special education. There is a tension too between the desire to enshrine inclusive practices in an equitable way across the country and the recognition that operational decisions are best taken at the local level. The Serbian guidance manuals, the so-called "Rulebooks," represent one effort to instil

a coordinated approach to the provision of additional support for children with disabilities.

Funding

Funding is closely related to governance and legislation but can usefully be considered on its own. It was a matter of concern in all five country reports and a number of common strands emerged:

- Funding for special education was generally deemed to be insufficient. Respondents from Latvia and Ukraine referred specifically to a funding shortfall in respect of mainstream provision for pupils with disabilities, while in Serbia the new inter-departmental commissions were considered to be seriously underfunded. Inclusive education was perceived to exacerbate the funding shortfall: mainstream schools were expected to provide for children with disabilities without receiving the extra resources needed – when those resources were provided in special schools. It is important that those advocating inclusion do not see it as a means of saving money since the likely outcomes will be undue pressure on mainstream schools and inadequate provision for children with special needs. It is imperative that the costs of inclusive education initiatives are properly assessed and that the necessary funds are provided for the schools engaged in them.
- An associated issue is the common failure to acknowledge that different types of disability need different support – and therefore funding – requirements. Thus in Latvia, the increased funding premium (1.6) for children with special needs is a flat rate with no variation for type of special need (with the exception of government boarding schools where differential rates do apply). Lithuania has attempted to address this problem by introducing the concept of a “funding basket:” a pupil with special needs is allocated an additional 35 percent over the standard capitation, and those whose needs are judged to be complex may be allocated more than one basket. There are various ways in which this issue can be addressed but a fundamental requirement is to acknowledge that children have widely diverse support needs and that resources must be tailored accordingly if those needs are to be met.
- Some funding arrangements were inconsistent with inclusive practices, on occasion, even serving to frustrate them. Thus in Latvia, special kindergartens are funded by the central government whereas inclusive kindergartens are funded entirely by the municipalities; when the latter’s budgets are squeezed, this acts as a disincentive to build up inclusive provision. This pattern is repeated elsewhere. In Ukraine, while the state pays teachers’ salaries, funding for new staff who would support children with special needs in mainstream settings has to be provided by the school from its own meagre funds. In Bulgaria, money

saved from closing large residential institutions for young children aged 0-3 is not being used to develop community provision for these children but is absorbed into the general state budget.

- When additional resources are provided, they are targeted on children who have been formally diagnosed, with no provision for children who have special needs but have not been formally diagnosed. This is a significant barrier to the progress of inclusive provision. All kindergartens and schools have many children who would benefit from greater or lesser amounts of extra support but whose specific needs are currently largely ignored. As teachers develop their own skills and awareness, they will become better at identifying such children and will become more aware that inclusive practice entails responding to the wide diversity of needs within their classes. Inclusion is not a matter of implementing an individual program with one or two children who have been formally diagnosed. Unless and until teachers are given the resources to move beyond this narrow focus, inclusion will continue to be an aspiration for the future.
- When funding for inclusion is determined at the municipal level, there is a potential for inequity in funding levels as small or poor municipalities suffer greater budget restrictions than municipalities in other parts of the country. This variation in funding levels was noted as a specific problem in Latvia and Serbia. Central governments need to take account of this in their funding allocations and their oversight of how they are used. This can be achieved in a number of different ways, for example, by adding disadvantage factors into funding formulae or, as in Lithuania, by assigning a specific quantum of resource to the child regardless of where s/he lives.
- External funding is a significant element of special needs resourcing in some countries, notably Bulgaria and Lithuania, which have received large sums from the European Union and the World Bank. This use of external funding raises two questions. First, what does it say about the priority attached to educating children with special needs? These are not destitute states but rather ones that currently are not choosing to allocate a sufficient amount of national assets to secure high-quality inclusive education for some of their most vulnerable children. This is presumably an indication of the low regard in which these children are held by those who decide on national priorities, as well as a reflection of a long-standing policy of excluding children who belong to marginalized groups. Secondly, given that these external funds are time-limited, what plans are in place to ensure sustainability when the external funding ceases? While Lithuania seems to have taken steps to ensure that the outcomes of externally funded activities are incorporated into nationally funded provision, it is less clear that this will happen in Bulgaria. There has been substantial EU

investment (on a co-funded basis) in infrastructure and services to support the replacement of institutions with community provision for children with disabilities but concerns have been voiced about the sustainability of these services when EU funding ceases.

Professional Development

Successful implementation of inclusive provision requires new ways of working, which in many countries necessitate extensive professional development to develop new attitudes, knowledge, and skills. A common barrier to inclusion identified in the country reports was the lack of skills in dealing with children with special needs on the part of mainstream staff. (This echoes the situation in many countries where mainstream staff believe that they do not have the skills required for teaching children with special needs, and that the latter will not flourish in a mainstream setting and should continue to be looked after in special settings where there is a concentration of expertise and resources.) This is cited as a specific barrier to inclusion in respect to mainstream teachers in Latvia and Ukraine and in respect to health care workers in the early intervention sector in Bulgaria. Apart from Lithuania, all countries identified significant needs for training and capacity building at both pre- and in-service levels across different professional groups.

There have been a number of efforts to address the professional development challenges implied above. The leading one perhaps is from Lithuania where there has been sustained investment in teachers' professional development over more than 20 years, supported by the American Professional Partnership for Lithuanian Education; this has been instrumental in developing the skills and attitudes that have underpinned the progress made in that country. In Serbia, the Ministry of Education has supported a range of professional development initiatives: training mainstream staff for inclusive education, helping special schools to become resource centers, and producing information books for parents. The new arrangements for multidisciplinary assessments have been supported by the development of new protocols and underpinned by professional development for the staff involved in the newly established interdepartmental commissions. NGOs have also been involved in training teachers for inclusive education. In Bulgaria, the Karin Dom Foundation has provided training in early childhood intervention with a view to supporting community-based provision, though concerns were expressed that the newly established state services were at risk of replicating the medically orientated mind-set of the long-established institutions whose demise is being sought.

While these professional development initiatives are welcome they are necessarily limited. Consider teachers, for instance. As long as initial teacher education continues to neglect inclusive education, or merely offers an optional module on it, teachers entering the profession will lack the mindset and the skills that inclusive practice requires. If inclusive education is to develop in a meaningful way, all teachers must

expect to teach children with special needs and have the necessary repertoire of professional skills. Ministries of education and higher education providers need to consider a thorough going reform of initial teacher education to ensure that all new teachers are equipped for this role. Such reform should also take account of the potential barriers to inclusive education that may result from having separate degree programs for special educators. If such courses do continue, they should at least ensure that their graduates, who will work in special schools, are equipped with the attitudes and skills to work alongside mainstream teachers.

In-service education likewise must be accorded a high priority since the majority of teachers are already in school and it would be unreasonable to expect newcomers to lead the way in making significant changes to school practices. Professional development for in-service staff can be pursued in a number of ways. Specific training courses are one modality but far from the only one. There are numerous alternatives that fit the pattern of adult learning and can take account of local possibilities: working with specialists, e.g., psychologists or special school staff, especially if focussed on the learning needs of a particular child; mentoring by more experienced colleagues; setting up in-school learning groups; engaging in distance learning; participating in Web forums; visiting other schools.

Parental Involvement

A mixed picture emerges from country reports on parental involvement in decisions regarding their children's education and whether or not this takes place in an inclusive setting. In Lithuania, as noted, parent organizations have long lobbied for inclusive education and are consulted by the government on proposed changes to legislation. This echoes the pattern of advocacy found in many countries. Lithuanian parent organizations have also influenced teacher education and the establishment of social worker support for families.

Decision making regarding placement is a little more complicated. In all countries there is a move toward giving parents greater say, with some rights enshrined in legislation, but in practice these rights can be circumscribed. Thus in Latvia, while in principle parents decide on an educational program or placement for their child – the pedagogical medical committee, which is responsible for conducting assessments, can only advise – in practice the parents' choice may be affected by matters of accessibility, transport or whether their preferred school can offer an appropriate program. Parents in Serbia were positive about the new arrangements for assessment and the individual support plans that resulted from them; they appreciated too the communication they received. They were less happy with the actual implementation of the plans, seeing them as little more than "wish lists" in the absence of services or resources to implement them. Some parents wanted training associated with the plans so that they could support their child at home.

It must not be assumed, however, that all parents want inclusive education for their child. A survey of parents of children attending a special school in Ukraine found that just over half of parents did not want their child to go to an inclusive school. Funding was commonly cited as a factor, tied in with a belief that their child would not receive as good an education in a mainstream setting. In Latvia, it was claimed by officials that some parents chose a residential school placement to ease the strain on family budgets in economically difficult circumstances.

Bulgaria represents a special case in that there is a strong tradition of medically oriented institutions that provide for young children with disabilities. The country is beginning a process of closing these institutions and creating alternative family-focused provision. There are some promising early childhood intervention models developed by NGOs, and there are increasing efforts to support parent/child bonding and engage parents in caring for their children with disabilities. These efforts are at an early stage, however.

It is encouraging to note that parental involvement is being accorded greater priority than previously, even if the actual achievement is limited. Much remains to be achieved, however. Parents are not only a major resource in developing inclusive practice but they have a right to be involved. Collaborative partnership between parents and professionals can only enhance children's development and learning. Such collaboration has a number of dimensions:

- Information sharing. Parents need to be given the fullest possible account of the special characteristics of their child along with program details and likely outcomes. This information should be shared in a sympathetic and clear way. Parents too have information to share with kindergartens and schools: they spend the most time with the child and can amplify, and sometimes correct, professionals' understanding.
- Program implementation. There are many approaches designed to secure parents' involvement in implementing individual programs. This is more common in the early years sector – Portage²⁶, for instance, for a well-known example – but is important in the school years also, e.g., parental involvement in children's reading and language use.
- Behavior management. This is a particular aspect of program implementation but one where consistency of approach between home and school or kindergarten is imperative. Challenging behavior is often situation-

²⁶ Portage is a home-visiting educational service for children aged 0-6 with additional support needs and their families. It is named after the town of Portage in Wisconsin, United States, where it was first developed in the 1970s. The aim of the service is to help parents make a substantial contribution to their child's early development and education. It provides a detailed curriculum with a large number of developmentally sequenced behaviors covering infant stimulation, socialization, self-help, language, cognition and motor development. Home visitors guide parents/carers in devising everyday activities that match the child's development needs in a progressive way

specific, and can be triggered by particular stimuli in either home or school, and close collaboration between all sides is essential to understanding the reasons for it and how best to tackle it.

- **Liaison with services.** Children with disabilities may be involved with a range of health and social services in addition to the kindergarten or school, and possibly separate from them. Some parents find this experience challenging and are likely to benefit from the support of a go-between to help them navigate the system and understand the various communications they receive. Kindergarten and school staff can play an important role in this regard, one moreover that can enhance their own role as educators.

Besides their involvement in their own children's education, parents play an important role through membership of parent organizations and other NGOs. Collective action and advocacy enable them to promote inclusive provision.

Assessment and Program Planning

Where children with disabilities are concerned, the purpose of assessment is to obtain a comprehensive understanding of the individual child's strengths and support needs, with a view to drawing up an individual plan to facilitate the child's learning and development and procuring such extra resources as may be required. Drawing up such plans is usually a necessary step in securing extra resources – hence their importance in shaping special educational provision.

Historically, countries in the region have based their practice on defectology with its focus on the child's "defects" where all his/her limitations were assumed to be innate and not at all determined by upbringing or other environmental factors. This led to an assessment model focussed on the child's medical condition and the "treatment" that was necessary to "correct" that condition. It was assumed that such treatment was best provided in special schools where the requisite expertise could be accumulated and coordinated. The assessment bodies responsible for conducting these assessments had titles such as pedagogical medical commission; this might be taken to imply a parity between the pedagogical and medical perspectives but, in practice, the medical and disability-oriented focus predominated.

The contemporary approach to assessment is to look at the child in context and, while taking account of physical limitations, pay close attention to all those factors which impinge on learning and behavior. The outcome is not a treatment as such but an individual educational or support plan that is thoroughly informed by pedagogical insights. Such a plan has no presumption in favor of special schools. If a mainstream placement is deemed appropriate, the plan will be framed within a mainstream setting, with a focus on making the mainstream curriculum accessible and opening up the mainstream experience to the child with disabilities. This "social model" approach is

adopted by the Convention on the Rights of Persons with Disabilities that emphasizes the importance of the rights of the child.

With the exception of Serbia, the country reports give limited information on assessment practices. The Lithuanian reforms have eliminated terms such as “corrective education” and are generally located within an inclusive approach. In Latvia, the outcome of the assessment process is likely to be that the child is assigned to a category-based program. In Serbia, which has done most to reform the assessment process, it has put in place a system that is not particularly oriented to inclusion and where the health experts, for instance, bring traditional approaches based on “correcting” the child’s “illness.” In Ukraine, the continued existence of a separate, category-based special education system is still strongly supported by teachers.

The Serbian report focuses on the development of a system for assessing and providing additional support for children with developmental difficulties and disabilities of primary school age. The country’s Child Classification Boards have been replaced by a new structure based on inter-departmental commissions. The commissions bring education, health, and social welfare inputs to bear in the conduct of interdisciplinary assessments and the preparation of individual support plans. Typically, the commissions comprise a school psychologist, a paediatrician, and a social worker. They work within a legislative framework designed to promote inclusive education. Standard procedures for conducting assessments and preparing individual plans have been developed jointly by the three ministries, and there is national oversight of the functioning of the local commissions. As noted above, parents are happy with the output of the commissions but not with the follow through on the plans produced. The evidence to date is that, while sound in principle, the new arrangements need more time to effect real change in provision.

Non-Governmental Organizations

As in other parts of the world, NGOs and other international stakeholders in the region have been active in promoting the interests of children with disabilities and making the case for inclusive provision. This is particularly evident in the reports from Bulgaria, Lithuania, and Serbia. Thus, advocacy by Lithuanian activists was deemed to have been critical in stimulating and sustaining the reform efforts in favor of inclusive education. Such advocacy can be important in introducing innovative thinking and practice to a country and helps to create the political will necessary for successful reform. There have been specific inputs to policy formulation, teacher education, and the creation of support systems.

NGOs also provide services: early childhood intervention is offered by NGOs in Bulgaria, and there are numerous NGO projects aimed at supporting inclusive education in Serbia. Such service provision can be extremely valuable, particularly when there is little state provision: it meets children’s needs that would not otherwise be met; and it demonstrates to authorities and parents what can be done. It should be seen as an

interim measure only, however. The education of children with disabilities is the responsibility of the state. Leaving this responsibility to NGOs on a long-term basis serves to marginalize these children and is profoundly exclusionary. In the short term, NGO services should be integrated with state provision where it exists; in the longer term, the aspiration should be that the good practice established by NGOs becomes a model for public services as the state takes on its responsibility to provide for all children.

Data

Efficient planning, resource allocation, and service provision all require good data on children with disabilities and their individual needs. The country reports identified a number of challenges in this regard. First, multiple definitions were in use, even within the same country, so that children with disabilities were described differently by different ministries, as in Latvia for instance. This alone makes data collection problematic. Secondly, formal assessment was the means by which children were assigned to disability categories, yet assessment procedures varied across and within countries; this was noted as a specific issue in the Latvian and Serbian reports. Thirdly, there was a general shortage of comprehensive, up-to-date databases of children with disabilities and the services they received, especially in the 0-5 age range. Finally, there were almost no data on children with disabilities and special needs who had not been formally diagnosed but who needed additional support nonetheless.

The scarcity of data on children with disability is a major barrier to the efficient and cost-effective provision of services. Countries need to establish comprehensive data collection systems and ensure that they are reliable and up-to-date. If this is not done, individual children are likely to miss the support they need and the authorities are unable to target or monitor the use of scarce resources.

Recommendations

Inclusive Education and Civil Society

1. The right of children with disabilities to mainstream education should be acknowledged in line with the UN Convention on the Rights of Persons with Disabilities, and all necessary steps taken to achieve that right in practice.
2. Children with disabilities should be accepted as a normal part of human diversity and, along with other traditionally marginalized groups, be a visible part of everyday life.
3. There should be a broad coalition of support for inclusive provision in schools and kindergartens. This should be backed by leading figures in education and public life, and the case for inclusion should be regularly in the public eye. Parent organizations and other NGOs have an important advocacy role vis-à-vis civil society in this regard.
4. The efforts of the different stakeholders in inclusive education should be coordinated to the greatest extent possible. This should be underpinned by monitoring arrangements, ideally involving partners from government and civil society.

Governance

5. Children with disabilities should be the responsibility of the education ministry and their education subject to the same administration as their peers.
6. Special and mainstream education should be subject to the same legislation and funding mechanisms.
7. There should be close cooperation between different service providers, especially education, health, social welfare, and transport, at national, municipal, and local levels.
8. Administrative and financial responsibility should be devolved to the local level to the greatest extent possible, but such devolution must be accompanied by the promulgation of standards and a system to ensure that children's needs are met equitably in all parts of the country.

Funding

9. Maintaining an extensive special education system in parallel with the mainstream system entails some additional expenditure, but inclusive provision

should not be viewed as a cheap option and must be supported by adequate resourcing.

10. When children with disabilities attend a mainstream school, neither the school nor the individual child should suffer financial disadvantage because of the mainstream placement.
11. Different types of disability entail differing support needs, and funding support formulae must take account of this.
12. Inclusive schools educate many children who have not been formally diagnosed but need additional support, and schools should be resourced to provide this support.
13. Municipalities vary in their financial capacity, and equity at national level requires some re-distribution to allow all children to benefit from the support they need, regardless of where they live.
14. When countries receive substantial external funding to support inclusive provision, steps must be taken to ensure that the systems set up and benefits accruing from them can be sustained when the external funding ceases.

Professional Development

15. Mainstream teachers and kindergarten staff are key to making inclusive provision work. It is essential that staff (i) develop attitudes of acceptance, seeing children with disabilities as belonging in mainstream settings, (ii) appreciate that their existing skills are relevant to children with disabilities, (iii) acquire new knowledge and skills as required, and (iv) work collaboratively with external specialists, classroom assistants, and parents.
16. Initial teacher education should be reformed to ensure that all teachers, whether they intend to work in mainstream or special settings, are equipped to support inclusive provision.
17. Special school and kindergarten staff should work alongside mainstream colleagues so that their joint skill sets enhance children's learning to the full.
18. While specific training courses are important, professional development should be pursued in the variety of ways that fit the patterns of adult learning.

Parental Involvement

19. Parents need to receive clear communication on their child's strengths and support needs, and they should be empowered to have input on and to take informed decisions on placement options.

20. Parents should be fully informed on the services available, and should have effective rights of appeal if they are unhappy with decisions made or services provided.
21. Teachers and kindergarten staff should work closely with parents to ensure effective implementation of individual programs and achieve consistency of approach between school/kindergarten and home.

Assessment and Program Planning

22. When formal assessment is required, it should be multidisciplinary and draw on diverse professional expertise as appropriate but the focus throughout should be on the child's learning and the factors that impede or enhance it.
23. The outcome of the assessment procedure should be an individual plan that is the basis of work in the school/kindergarten and is monitored regularly and updated as necessary.

Non-Governmental Organizations

24. NGOs have played, and should continue to play, an important role in advocacy for inclusive education, challenging the status quo and stimulating necessary change in attitudes, policy, and practice regarding the education of children with special education needs.
25. NGOs have also been major service providers in the absence of state provision in some countries. Such service provision should be coordinated with the state to the greatest extent possible and should not be at the expense of state authorities neglecting their responsibilities to provide for all children, including those with disabilities.

Data

26. Countries need to establish comprehensive databases on children with disabilities and special needs and ensure that they are reliable and up-to-date.

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Children in a daycare center. Photo credit: © David Ausserhofer/Getty