



Save the Children

**COMMUNITY BASED SERVICES
FOR CHILDREN WITH DISABILITIES
IN UNA SANA CANTON**

PROJECT BASELINE STUDY

Report Summary

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LIST OF ABBREVIATIONS:

B&H- Bosnia and Herzegovina

BIDR-6 - Balanced Inventory of Desirable Responding

CAPI- Computer-assisted personal interviewing

CSO- Civil Society Organizations

USC- Una Sana Canton

WHO- World Health Organization

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INTRODUCTION

WHO estimates that more than a billion of people live with some form of disability, which is approximately 15% of the world's population, out of which at least 200 million are children. Worldwide, children with disabilities are affected by stigma and ostracized, with a higher chance to have poorer health, to live in poverty, and to be institutionalized in comparison to their peers without disabilities¹.

Previous research about children with disabilities in Bosnia and Herzegovina

The existing research about attitudes towards children with disabilities in B&H is very scarce. One study suggested that B&H citizens are aware that children with disabilities are neglected and marginalized by our society. As well, the results demonstrated that social distance towards children with disabilities is very much present, and greatest towards children with transmitting diseases (such as AIDS, hepatitis and similar). The other two groups with the highest social distance scores are children with behavioural and emotional problems². Other results indicate that teachers report the lack of available support and education for amelioration of their inclusive practices³, and that children with disabilities are not usually accepted in the classrooms⁴.

Support to children with disabilities in Una Sana Canton

The process of inclusion in B&H started in 2004, when the Framework law for primary and secondary education was adopted⁵, which determines that children and youth with disabilities have the right to be enrolled in the regular education, adjusted to their individual needs. But even 12 years after, the inclusive practices are not fully developed and there are many areas for improvement. In Una Sana Canton 266 children with disabilities are enrolled in regular schools⁶. As well, there are three "special classrooms" in the city of Bihać and Cazin municipality, attended by 17 children with disabilities. According to the data from centres for social welfare, there are 109 girls and boys with disabilities in USC⁷, which demonstrates the non-existence of the unified register of children with disabilities and different operational definition of disability used in government institutions. The Ministry of Education, Science, Culture and Sports in Una Sana Canton estimates that the overall number of children with disabilities is 1,800, since not all children are identified in schools, some are not enrolled in the education system (due to age or exclusion), and majority of them do not receive adequate system support⁸.

The Law on preschool upbringing and education and the Law on primary and secondary education in USC state that the overall goal of education is to enable all children to develop their potentials, without discrimination on any basis⁹. Legally, children with disabilities in USC have the right to attend and benefit from quality regular education, tailored to their needs and potentials, but the implementation of legal obligations is not fully functional.

¹ *Early Childhood Development and Disability: A discussion paper*, World Health Organization, 2012.

² United Nations Children's Fund: *Znanje, stavovi i iskustva sa djecom sa smetnjama u razvoju* [Knowledge, attitudes and behaviours towards children with disabilities], UNICEF B&H, 2013.

³ Borčić, S., Tomić, R. *Stavovi nastavnika osnovnih škola o inkluziji* [Attitudes of primary school teachers about inclusion], *Metodički obzori*, (7)3, 2012.

⁴ Davidović, O., Zečević, I., *Prihvaćenost djece s poteškoćama u razvoju u odjeljenjima redovnih osnovnih škola* [Acceptance of children with disabilities in regular school classes], *Unapređenje kvalitete života djece i mladih*, 2014.

⁵ Official Gazette B&H, 18/03, 2003.

⁶ Institute for statistics of FB&H: *Preschool education 2014 and primary education end of 2013/2014 and the beginning of 2014/2015 in Federation of Bosnia and Herzegovina*. Institute for statistics of FB&H, Statistical bulletin 217, 2015.

⁷ Institute for statistics of FB&H: *Unsko-sanski kanton u brojkama* [Una Sana Canton in Numbers]. Institute for statistics of FB&H, 2016.

⁸ Meeting minutes of Coordination-Advisory board of the project Community Based Services for Children with Disabilities in Una Sana Canton (august 2016).

⁹ *Zakon o predškolskom odgoju i obrazovanju* [The law on preschool upbringing and education], Official Gazette of Una Sana Canton, 23/11, 2010 and *Zakon o osnovnom i općem srednjem obrazovanju* [The law on primary and general secondary education], Official Gazette of Una Sana Canton, 5/04, 2004.

In line with the implementation gaps of the aforementioned laws and identification of the need for improvement of quality inclusive education, and with the support of Save the Children in North West Balkans, the Ministry of Education, Science, Culture and Sports in USC developed the Strategy for inclusion of children with disabilities in education with seven-year Action plan (adopted in 2015)¹⁰, which contains detailed directions for the needed changes and continuous improvement of inclusive practices. The Strategy also envisions establishment of centers for support in development and inclusion, which should encompass bio-psycho-social model of inclusion, based on contemporary knowledge and practices.

Community based services for children with disabilities in Una Sana Canton

As a step towards implementation of the aforementioned Strategy, in 2016 Save the Children in North West Balkans in partnership with relevant government institutions started the implementation of the 3-year project *Community Based Services for Children with Disabilities in Una Sana Canton*. The Project's overall goals are the following:

1. Provide high quality community based multi-disciplinary rehabilitation services for children with disabilities and enable their inclusion in school and community life;
2. Strengthen families through providing constant support and training;
3. Increase capacity USC to address the gaps faced by children with disabilities through facilitating coordination and collaboration among different state actors as well as through advocacy and public awareness.

To reach the listed goals, it is planned to establish two *Centres for development of inclusive practices* in the city of Bihać and Cazin municipality, which will provide high quality multi-disciplinary support to children with disabilities, their families, and professionals from health, education and social welfare sectors.

The Project is implemented in cooperation with the Ministry of Education, Science, Culture and Sports in Una Sana Canton, Ministry of Health, Labour and Social Policy in Una Sana Canton, Health Insurance Fund in Una Sana Canton, city of Bihać, and municipalities Cazin, Bužim, Velika Kladuša, Bosanski Petrovac, Bosanska Krupa, Sanski Most and Ključ.

METHODOLOGY

Goal of this study

The overall goal of this study was to establish initial values of the indicators of the project *Community Based Services for Children with Disabilities in Una Sana Canton* and to gather relevant information about the existing support services, which will feed into further planning, monitoring and evaluation of the Project. The specific study goals are the following:

- a) Situation analysis and mapping of the existing services for children with disabilities in USC,
- b) Assessment of knowledge, attitudes, and practices of USC residents towards people/children with disabilities,
- c) Examination of current capacities of the relevant stakeholders for provision of support to children with disabilities.

Consequently, the study determines the initial values of the following indicators:

¹⁰ *Strategija za uključivanje djece sa poteškoćama u razvoju u obrazovanje sa sedmogodišnjim Planom implementacije u Unsko-sanskom kantonu* [Strategy for Inclusion of Children with Disabilities in Education with seven-year Action Plan in Una Sana Canton], Ministry of Education, Science, Culture and Sports in Una Sana Canton, 2015.

3.1. Extent to which relevant government officials improved their capacity on collaboration to respond/address CWD needs and monitor the progress,

3.3. Percentage of citizens who reported changes in attitude after the national campaign on promotion of rights of children with disability for education, health and social life.

The initial values for other indicators (Table 1) are already determined, or they will be determined in line with the methodology for their measurement.

Table 1. Outcomes, Objectives and indicators of the project Community Based Services for Children with Disabilities in Una Sana Canton

Outcome 1 – Children with disabilities develop their abilities, practice independence, and enjoy inclusion		
	Indicators	Targets
Objective 1 – Provide high quality community based multi-disciplinary rehabilitation services for children with disabilities and enable their inclusion in school and community life	1.1 of services (developmental therapy, occupational sessions, psychological counseling etc.) which met internally developed quality standards	100%
	1.2 % increase in newly registered children with disability in inclusive (secondary as well as vocational) education institutions in targeted regions	At least 10% (numerator – newly registered CWD, denominator - CWD registered in previous academic year)
	1.3 % of children with disabilities who reported higher level of social inclusion and independence through an increased knowledge of life skills	80% of interviewed CWD
	1.4 # of operational centers developed/renovated	2
	1.5 # of children benefited from those centers	250
Outcome 2: Strengthening families and supporting parents		
	Indicators	Targets
Objective 2: Strengthen families through providing constant support and training	2.1 % of parents/caregivers who are satisfied with the quality of the support they received from SC	70%
	2.2 % of Save the Children supported families that demonstrate improvement in practices to become resilient and able to facilitate their children’s physical, social and educational development	80%
	2.3 % of Save the Children supported families that demonstrate improvement in practices to advocate for the rights of their CWD for education, health and social inclusion	50%

Outcome 3: Mobilize community stakeholders to support quality services for children with disabilities

	Indicators	Targets
Objective 3: increase capacity of the State to address the gaps faced by the children with disabilities through facilitating coordination and collaboration among different state actors as well as through advocacy and public awareness	3.1 Extent to which relevant government officials improved their capacity on collaboration to respond/address CWD needs and monitor the progress	Improved level
	3.2 % knowledge increase of service providers who have received specialized training by Save the Children on the needs and functionality of children with disability, developing individual, family, school and community programs that support the development of CWD	60%
	3.3 % respondents who reported changes in attitude after the national campaign on promotion of rights of children with disability for education, health and social life	20%
	3.4 Increase/improvement in local/national/private budget allocations as a result of Save the Children advocacy activities	% increase

Study sample

The study collected quantitative and qualitative data on two subsets of samples, as follows:

- a) Representative sample of USC residents (N=998, out of which 58.3% are females), stratified by municipalities in accordance with the B&H household census¹¹ (the detailed sample structure is presented in Table 2). The most prevalent age range was 30 to 44 (35.4%), and the most prevalent level of education was secondary (53%). 64% of respondents are from urban areas.

¹¹ Census of Population, Households and Dwellings in Bosnia and Herzegovina, Agency for Statistics of Bosnia and Herzegovina, 2013.

Table 2. USC residents sample by municipality, age and rural/urban residence

Municipalities	Urban		Rural		TOTAL
	Males	Females	Males	Females	
Bihać¹²	64	161	24	51	300
Cazin¹³	62	78	29	36	205
Velika Kladuša¹⁴	28	33	15	23	99
Sanski Most¹⁵	45	40	6	10	101
Bužim¹⁶	0	0	52	48	100
Bosanska Krupa¹⁷	31	30	15	17	93
Ključ¹⁸ and Bosanski Petrovac¹⁹	33	36	12	19	100
TOTAL	263	378	153	204	998

b) Sample for qualitative data (focus groups, interviews and self-assessment questionnaire) from representatives of relevant government institutions, professionals, parents and civil society organization. The detailed sample structure is presented in the Table 3.

Table 3. Qualitative sample structure

FOCUS GROUPS	Gender		Total
	Male	Female	
Ministry of Education, Science, Culture and Sports	0	1	1
Ministry of Health, Labour and Social Policy	0	1	1
Representatives of Cazin and Bužim municipalities	1	1	2
Education professionals (pedagogues and teachers)	3	7	10
Health professionals	1	4	5
Social protection professionals	1	3	4
Parents of children with disabilities	0	1	1

¹² Klokot, Zavalje, Kula, Bajrići, Spahići, Ripač

¹³ Kapići, Čizmići, Urga, Kličići, Polje

¹⁴ Zagrad, Polje, Trnovi, Vrnograč, Miljkovići

¹⁵ Donji Kamengrad, Poljak

¹⁶ Bag, Bužim, Konjorod, Lubarda, Mrazovac

¹⁷ Mali Badić, Ostrožnica, Drenova Glavica, Veliki Badić

¹⁸ Puđin Han, Zgon

¹⁹ Dobro Selo, Bara

	TOTAL:	6	18	24
INTERVIEWS				
Education professionals		0	3	3
Health professionals		1	0	1
Social protection professionals		0	2	2
Parents of children with disabilities		2	1	3
Representatives of Early childhood development centres		0	1	1
	TOTAL:	3	7	10

Instruments²⁰

For the purpose of this study the following instruments were used:

Quantitative data

1) Questionnaire for assessment of knowledge, attitudes and practices towards people/children with disabilities

The purpose of this questionnaire is to look into the specifics how people/children with disabilities are seen in the society, how the general population reacts to them, and how knowledgeable and aware it is about their needs. The questionnaire was developed for the purpose of this study, and it contains three parts: awareness about people/children with disabilities (five questions with pre-defined answers), attitudes towards people/children with disabilities (five scales and two questions with pre-defined answers) and demographical data (eight questions with pre-defined answers).

2) Balanced Inventory of Desirable Responding (BIDR-6)

Due to the possible tendency that respondents “ameliorate” their responses towards socially desirable options, the Balanced Inventory of Desirable Responding (BIDR-6) was used²¹. BIDR-6 contains 17 Likert- type items (with scores 1 (completely incorrect) to 7 (completely correct)). It has two sub- scales, SD-E self-deception scale and IM-D scale for measurement of control of impressions.

3) Scenarios

The Scenarios instrument was used to assess the behavioural aspects of respondents’ attitudes towards people/children with disabilities, tailored to represent real- life situations (related to education, employment and inclusion in the community). It contains 3 real- life stories with pre-determined responses and it is constructed for the purpose of this study.

Qualitative data

4) Questionnaire for assessment of capacities of stakeholders

This questionnaire was used for self-assessment of the relevant stakeholders and their respective institutions for provision of services to children with disabilities, constructed for the purpose of this study. The questionnaire has 3 subsets of Likert- type items (from 1 (very poor) to 4 (excellent)). The subsets were: i) participation of children and their families in planning, implementation, monitoring, and evaluation of policies,

²⁰ All the listed instruments are available upon request.

²¹ Subotic, S., Dimitrijevic, S., Radetic Lovric, S. Psychometric evaluation and short form development of the Balanced Inventory of Desirable Responding (BIDR-6). *Psihologija*, 49 (3), 263–276, 2016.

programmes, and projects (7 items); ii) Capacities of institutions for monitoring and evaluation of support to children with disabilities (7 items); iii) Quality of cooperation with other relevant institutions (8 items).

5) *Semi-structured interview guide*

The interview guide contained 12 questions which reflect the 6 following areas: professional capacities, work and cooperation experiences, areas for improvement of current practices, existing referral mechanisms, and cooperation with parents and with local community. The purpose of the interview guide was to look into the existing support services and referral mechanisms of relevant institutions and their professionals. The guide was constructed for the purpose of this study.

6) *Focus group discussion guide*

The focus group methodology was used to gain deeper understanding of the cooperation mechanisms of different institutions, CSOs, and of their capacities to provide support to children with disabilities. It contained six questions constructed for the purpose of this study.

Procedure

The data collection (quantitative and qualitative) took place in October and November 2016. 3 focus group discussions were held in the city of Bihać and Cazin and Bužim municipalities. The participants of the focus group in Bihać were representatives of the relevant ministries, local governance, CSOs and health, education and social welfare professionals. In Cazin and Bužim the focus group discussions were held with representatives of the local governance, and health, education and social welfare professionals. The focus group discussions were moderated by the author of this study. The interviews were conducted after the examination of the information gathered from the focus groups, as well by the author. The Questionnaire for assessment of capacities of stakeholders was distributed to the representatives of relevant institutions via email.

The quantitative data was collected by 10 data collectors trained by Save the Children and by usage of CAPI methodology and Tangerine® data collection software.

RESULTS AND DISCUSSION

Quantitative data

Awareness about the needs of children with disabilities

When it comes to obstacles faced by children with disabilities, respondents identify community neglect as the most significant one (70.8%). Other identified obstacles are access to adequate health services (54.1%), education (50.6%) and physical barriers (45%). The respondents identify medical services as the most needed type of support to children with disabilities (63.7%), followed by education assistance (61%) and financial assistance (58.8%). 46.8% believe communication and social interaction support is the most important one, and 43.2% believe it's psychological assistance. 48% of respondents state that they partially know how to communicate with children with disabilities and more than half of respondents feel competent to assist to the child with disabilities when needed (it should be noted that this does not confirm their actual competence).

Attitudes of USC residents towards people with disabilities

61.2% of respondents stated that they had contacts with persons with disabilities, while 34.1% did not have any contact and 4.7% chose "I do not know" option.

Social distance scale

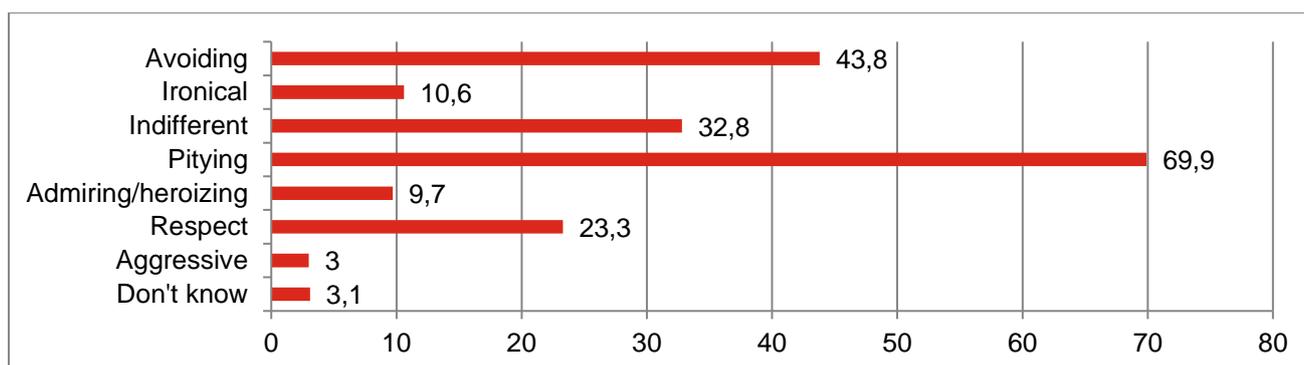
The social distance questions asked respondents would they mind if a child with disabilities is their relative, classmate, neighbour, resident of the same district and townsman. The scale reliability is estimated as high ($\alpha = .929$), and the distribution of scores is moved to the right, which implies that the respondents scored high on the all assessed questions. Therefore, the respondents show lack of social distance in all items, which is represented in the Table 5.

Table 5. Descriptive statistics on the scale of social distance towards children with disabilities (frequencies (f) and percentages (%))

Role	Responses							
	Positive		Neutral		Negative		Don't know	
	f	%	f	%	f	%	f	%
Relative	945	94,7	35	3,5	0	0	18	1,8
Your/ your child's classmate or mate in kindergarten	938	94	44	4,4	1	0,1	15	1,5
Neighbor	940	94,2	43	4,3	5	0,5	10	1
Resident of the same district	919	92,1	60	6	3	0,3	16	1,6
Townsmen	916	91,8	62	6,2	3	0,3	17	1,7

The independent-sample t-test showed no gender or education level differences in responses ($t(996) = -.78$, $p = .43$), but there are differences between respondents from rural and urban areas, in the sense that persons from urban areas report greater social distance ($t(937) = -2.767$, $p = .006$). As well, the respondents who did not have contacts with persons with disabilities report greater social distance in comparison to the ones who had contact experience ($t(511) = -2.9$, $p = .003$). In both cases the differences are not particularly high, but are statistically significant.

When estimating attitudes of other people towards children with disabilities, respondents think people mostly feel pity, followed by avoidant and indifferent attitudes (Graph 1).

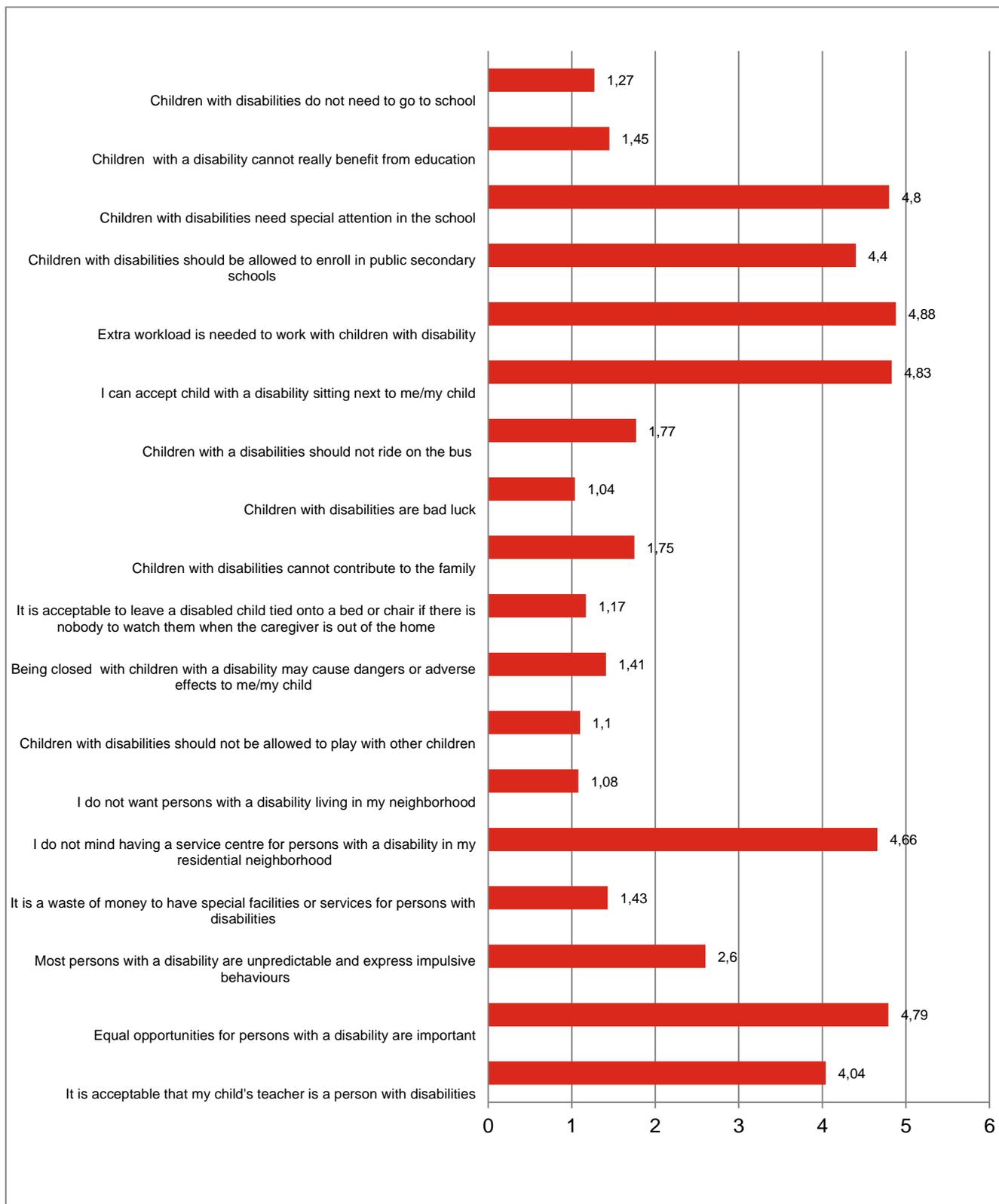


Graph 1. Attitudes of others towards children with disabilities

Attitudes towards education, health and social protection of people with disabilities

The results on the specific items for assessment of attitudes towards education, health and social protection of people with disabilities are presented in the Graph 2. As we can see, the respondents report very positive attitudes towards people/children with disabilities, with average scores per item being very high. There are no gender differences in responses ($t(996) = -1.123$, $p = .2$), nor the differences between groups who did and did not have contacts with persons with disabilities ($t(996) = .36$, $p = .7$). However, the respondents from urban

areas show less positive attitudes in comparison with the ones from rural areas ($t(996)=-2.05, p=.04$), as well as respondents with the highest level of education in comparison with the ones with the lowest level ($F(2)=5.21, p=.006$). It should be noted that reliability of this scale is not satisfactory ($\alpha=.2$), which implies that the results should be interpreted with caution.



Graph 2. Average scores on specific items which measure attitudes towards education, health, and social protection of people with disabilities

61.9% of respondents believe that children with disabilities have some limitations, but do not differ from other members of society and thus shall learn in accordance with his/her abilities, 19.2% think they are not capable of learning due to health problems and they need allowance by the state, and 18.8% think children can learn in accordance with his/her abilities but it is preferable that family members can provide them with necessary living conditions. 97% of respondents would not mind that a child with disabilities is enrolled in the same class with them/their child, and only 1% would mind.

Knowledge and motivation for assistance to children with disabilities

88.9% of respondents are highly motivated to provide help to a child with disabilities. The results on the subscale of five items which measured knowledge and motivation to provide assistance to a child with disabilities ($\alpha = .879$) showed statistically significant differences between the respondents from rural and urban areas, where the ones from urban areas are to some extent more motivated to help and consider themselves more knowledgeable about the means of support, but the difference is very small ($t(695) = 5.51, p = .000, \eta = .03$). As well, the higher the education level of respondents, they are more motivated to help and consider themselves more knowledgeable ($F(2) = 31.95, p = .000, \eta = .06$). The respondents who had previous contact with people with disabilities are more motivated to provide help, in comparison to the ones who did not experience contact, and the difference is very high ($t(775) = -12.62, p = .999, \eta = .14$).

Behavioural aspects of attitudes

As elaborated in the methodology section, we used the real-life scenarios to assess the potential behaviour of the respondents related to inclusion of persons/children with disabilities in education, employment, and in community life.

When it comes to employment, we asked respondents what they would do if they were the owner of the shop where a person with Down syndrome applied for job. 20.9% of respondents report they would give advantage to this person, since it is socially responsible to do so, and 38.8% would invite him for the interview and give him an equal chance as to other candidates. On the other hand, 37.9% respondents would offer another job to the person, where he would not be in the direct contact with the customer.

The education related scenario looked into the readiness of respondents to enrol a child with autism spectrum disorder in the regular school. They were asked to predict their behaviour in the case they were the school principal. 42.5% state they are ready to accept the child in their school, but would place her in the “special classroom”, 33.6% would include her in the regular class, and 15.3 would advise the parent to enrol the child in the special school. Other respondents would accept the child in the regular class, although they do not believe proper inclusion is possible.

The third scenario asked respondents to imagine they were the city mayor who is deciding where to invest 10,000 BAM. The story explained the mayor is interested to invest in tactile sensory markings for persons with visual impairments, but that there are only 10 persons in her municipality who would use them. 79.6% would invest the funds in the tactile markings, while 19.9% think the funds should be invested in something which is beneficent to larger number of people.

We can note here that the expressed positive attitudes are in discrepancy with their behavioural components, which implies that actual behaviours of USC residents can be more discriminatory and exclusive than their opinions.

Socially desirable responses

The reliability of the BDIR-6 scale is satisfactory ($\alpha = .741$), and the results show that the scores are moved towards higher values. This implies that the respondents gave socially desirable responses, due to the need to present themselves in a better light and the tendency to self-deceit. This is important to note, since the results presented in the previous sections should be taken with caution when interpreting. It is possible that the “real” results are less positive attitudes, knowledge and practices towards people/children with disabilities.

Qualitative data

Focus group discussions

The representatives of cantonal government believe the cooperation with relevant institutions and CSOs is satisfactory, since it does not only imply financial support, but also cooperation for development of different strategies and action plans. However, the representatives of education, health and social welfare institutions are not content with the existing cooperation, and underlie the need for allocation of more funds by the cantonal government needed for improvement of services. The cooperation with the local government is not satisfactory at all, since it relies on the personal contacts, and the system of cooperation is not in place. All the participants emphasise excellent cooperation with local non-governmental organizations, although they feel the government should provide more funding for their proper functioning.

All the focus group participants state that the cooperation with all stakeholders can be ameliorated. As well, it is needed to strengthen capacities of professionals to work with children with disabilities, including clearer definition of their roles and responsibilities. It is needed to ameliorate multi-disciplinary cooperation of professionals from different institutions and to establish mechanisms for information sharing.

The CSOs report that the main obstacle in their work is the lack of financial support. They do have many ideas and the know-hows, but no means for their implementation. They also identify the need to improve their abilities to write projects and to apply for donor vacancies.

The respondents report the need to improve the visibility of children with disabilities, by promoting their potentials. Especially, children should be more visible in extracurricular activities in schools and school and community events.

Interviews

Participants from the education sector believe that initial education of professionals is suitable for detection of disabilities, but that substantial capacity building is needed to ensure competencies for providing assistance to children. They also state that teachers are often not motivated enough to work with children with disabilities, and that they need additional advisory support. Besides, education institutions are not adequately equipped or placed in adequate premises for inclusive education. Cooperation with parents is also challenging, since sometimes they are not willing to cooperate with school staff. As well, cooperation with other institutions needs significant improvements (health and social welfare sectors).

Participants from social welfare sector also report the need for additional capacity building. The ones from health sector believe they are very motivated for work, but sometimes discouraged by the relations with local community and relevant institutions. As well, they do lack sufficient didactic material to work with children and assessment instruments.

Almost all the participants (except from one interviewee from education sector) are aware about the existence of the Strategy for inclusion of children with disabilities in education in USC, but think that its Action plan is implemented poorly.

Self-assessment of relevant stakeholders

16 participants from health, education and social welfare institutions responded on the self-assessment questionnaire and the results indicate that representatives of preschool institutions estimate they are the least opened for participation of children and parents in planning, implementation, monitoring and evaluation of programmes. As well, they estimate their monitoring and evaluation mechanisms are not in place and that cooperation with other institution is the poorest. Due to the small number of respondents, these self-assessment results should be taken with caution and cannot be viewed as valid quantitative data, but moreover as addition to the qualitative results.

CONCLUSIONS

This study aimed to look into its respective goals from different angles and by usage of different methodologies. Therefore, it represents comprehensive set of conclusions which can feed into future planning and implementation.

The USC residents believe people with disabilities are neglected in their communities, which looks at them with pity and tries to avoid them. As well, the residents state there is the need to improve access of people with disabilities to education and health. Many believe they do know how to communicate with people with disabilities, and are willing to provide help if needed.

It is important to note that the residents do not report great social distance towards children with disabilities. Still, it is evident that they do have the tendency to give socially desirable responses, which might mean their “real” attitudes are actually less positive. Additionally, when we look at the behavioural aspects of the attitudes, we see that the residents are not that inclined towards inclusion as much as they report on other sets of questions.

The qualitative data shows that the representatives of government, health, education and social welfare institutions believe the cooperation between different sectors needs improvements. As well, it is needed to strengthen capacity building of the professionals to provide adequate support to children with disabilities and their families, provide institutions with adequate premises, materials and didactics, and ameliorate cooperation with parents.

As elaborated previously, the study looked into the indicators of the project Community Based Services for Children with Disabilities in Una Sana Canton, and established baseline values for indicators 3.1 and 3.3. The Table 6 summarises the baseline values and offers overview of the existing indicators and the ones whose values will be additionally collected.

Table 6. Baseline values of Project indicators

Outcome I – Children with disabilities develop their abilities, practice independence, and enjoy inclusion			
	Indicators	Targets	Baseline
Objective I – Provide high quality community based multi-disciplinary rehabilitation services for children with disabilities and enable their inclusion in school and community life	1.1 of services (developmental therapy, occupational sessions, psychological counselling etc.) which met internally developed quality standards	100%	Not measured by this study
	1.2 % increase in newly registered children with disability in inclusive (secondary as well as vocational) education institutions in targeted regions	At least 10% (numerator – newly registered CWD, denominator - CWD registered in previous academic year)	Preschools- 20 children Primary schools- 266 children Secondary schools- no official data

	1.3 % of children with disabilities who reported higher level of social inclusion and independence through an increased knowledge of life skills	80% of interviewed CWD	Not measured by this study
	1.4 # of operational centers developed/renovated	2	2
	1.5 # of children benefited from those centers	250	Not measured by this study

Outcome 2: Strengthening families and supporting parents

	Indicators	Targets	
Objective 2: Strengthen families through providing constant support and training	2.1 % of parents/caregivers who are satisfied with the quality of the support they received from SC	70%	Not measured by this study
	2.2 % of Save the Children supported families that demonstrate improvement in practices to become resilient and able to facilitate their children's physical, social and educational development	80%	Not measured by this study
	2.3 % of Save the Children supported families that demonstrate improvement in practices to advocate for the rights of their CWD for education, health and social inclusion	50%	Not measured by this study

Outcome 3: Mobilize community stakeholders to support quality services for children with disabilities

	Indicators	Targets	
Objective 3: increase capacity of the State to address the gaps faced by the children with disabilities through facilitating coordination and collaboration among different state actors as well as through advocacy		Improved level	
	3.1 Extent to which relevant government officials improved their capacity on collaboration to respond/address CWD needs and monitor the progress		The professionals from all three sectors (education, health, social welfare) identify the need for cooperation improvement, professional development, improvement of relations with parents and the need to increase visibility of children with disabilities

and public awareness	3.2 % knowledge increase of service providers who have received specialized training by Save the Children on the needs and functionality of children with disability, developing individual, family, school and community programs that support the development of CWD	60%	Not measured by this study
	3.3 % respondents who reported changes in attitude after the national campaign on promotion of rights of children with disability for education, health and social life	20%	79% of respondents report they do know how to communicate with people with disabilities, 51% believes they are knowledgeable how to provide them adequate assistance. Respondents do not seem to have social distance towards children with disabilities. Still, they did score high on giving socially desirable responses. As well, the behavioral aspects of their attitudes are less positive.
	3.4 Increase/improvement in local/national/private budget allocations as a result of Save the Children advocacy activities	% increase	The municipal education grants are not directed towards support to children with disabilities, but mostly on transport subventions for all children. The parent associations and CSOs are financed very rarely (0.36% of the total budget), which goes mostly to NGOs and religious organizations.

RECOMMENDATIONS

This study generated the following recommendations:

1) Awareness raising of USC residents about the importance of inclusion

The results of this study show that the USC residents demonstrate declaratively positive attitudes towards people/children with children with disabilities. However, the behavioural aspects of attitudes and respondents' socially desirable responses indicate the need to work towards awareness raising about the importance of inclusion. When forming campaigns, people and children with disabilities should be presented in affirmative and positive manner, in order to change the dominant pitiful attitudes. As well, education institutions should increase visibility of children with disabilities by their inclusion in workshops and volunteering activities with mainstream children, since one of the main prerequisites of attitude change is contact with persons/children with disabilities.

2) Awareness raising about the importance of early detection, intervention and inclusion

It is needed to identify children with disabilities as earliest as possible, so that they have the opportunity to gain adequate support timely. It is needed to strengthen capacities of professionals to work with children with disabilities, and to accept them in regular education institutions. Furthermore, it is needed to strengthen cooperation with parents and with non-governmental sector.

3) Continuous financing of services for children with disabilities

It is needed to increase budget allocations from different government sectors which support services for children with disabilities. As well, we need to connect the different services and establish referral mechanisms, so that the cost-effectiveness of budget allocations is ameliorated, and to strengthen capacities of stakeholders (government and CSOs) to apply on grants for inclusion development.

4) Establishment of multi-sector approach by connecting education, health and social welfare sectors

The three sectors need to be better connected so that their response to the needs of children with disabilities is improved. It is needed to establish protocols for cooperation which would define the means of the cooperation. Additionally, the CSOs should be also a part of this cooperation mechanism.

5) Capacity building of professionals

Firstly, it is needed to work towards improvement of initial education of professionals, by offering them more relevant practical knowledge. In-service capacity building should be structured in comprehensive and planned manner, with included mentorships and supervisions. Since the professionals often feel overwhelmed, it is needed to provide them support to prevent their burnouts.